



**Employment Experience** (Begin with Most Recent)

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the City. I understand that no city representative, other than the mayor and council, and then only when in writing and signed by mayor, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Applicant's Signature:

Date:

Completed applications must be signed and mailed to:

Marla Morley, Mayor  
City of Belle Plaine  
P.O. Box 157  
Belle Plaine, KS 67013

(620)488-3433

Website: [www.bpk.org](http://www.bpk.org)

For Office Use Only:

Applicant#	Employee#	Hire Date:
Position:	Rate:	Class:
Skill:	Other:	Notes: