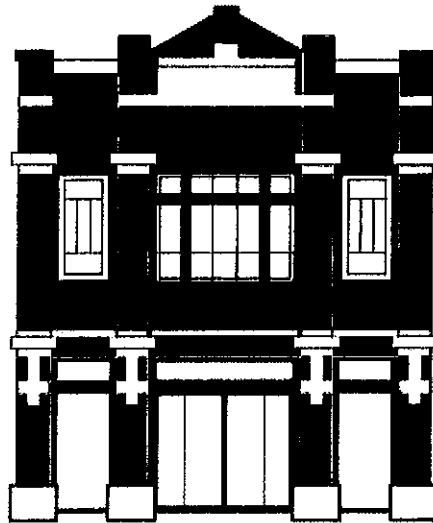


City of Frontenac



Application For Employment

**City of Frontenac, Kansas
313 E. McKay St.
P.O. Box 1012 Frontenac, KS 66763
Phone: 620-231-9210
Fax: 620-231-1421**

**City of Frontenac, Kansas
EMPLOYMENT APPLICATION**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. The City of Frontenac is committed to the policy of equal employment opportunity in recruiting, hiring, career advancement, and all other personnel practices.

(Please Print Clearly)

NAME _____ Social Security _____
(Last) (First) (Middle)

ADDRESS _____
(Street) City (State) (Zip)

HOME PHONE _____ MESSAGE PHONE _____ WORK PHONE _____ EMAIL _____

MAY WE CONTACT YOU AT WORK? YES NO

PART TIME APPLICANTS are you 14 or over? Yes No 16 or over? Yes No

FULL TIME APPLICANTS are you 18 or over? Yes No

POLICE APPLICANTS are you 21 or over? Yes No

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? Yes No

POSITION(S) OF INTEREST #1 _____ #3 _____
#2 _____ #4 _____

WHAT ARE YOUR SALARY EXPECTATIONS? _____

CERTIFICATES AND LICENSES: _____

DRIVER'S LICENSE # _____ STATE _____ EXPIRATION DATE _____

LIST ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF FRONTENAC:

Name	Relationship	Department
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EDUCATION/TRAINING

Name and Location of High School _____ Graduated: YES NO GED: YES NO

Name and Location of College _____ MAJOR _____ DEGREE _____

Semester Hours completed _____ Concentration _____

Name and Location of Trade or Technical School _____ COMPLETED? YES NO

SPECIAL SKILLS AND QUALIFICATIONS

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP SKILLS, AND EXTRA CURRICULAR ACTIVITIES:

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT, MILITARY, OR OTHER EXPERIENCE: _____

EMPLOYMENT HISTORY

(List the last three jobs you have had. List your last or present job first)

NAME OF EMPLOYER _____ LAST JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

DATES EMPLOYED FROM _____ TO _____ NAME & TITLE OF SUPERVISOR _____

MAY WE CONTACT? YES NO EMPLOYMENT WAS FULL-TIME PART-TIME HOURLY RATE/SALARY _____ FINAL: _____

LIST JOB DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____ LAST JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

DATES EMPLOYED FROM _____ TO _____ NAME & TITLE OF SUPERVISOR _____

MAY WE CONTACT? YES NO EMPLOYMENT WAS FULL-TIME PART-TIME HOURLY RATE/SALARY _____ FINAL: _____

LIST JOB DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____ LAST JOB TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

DATES EMPLOYED FROM _____ TO _____ NAME & TITLE OF SUPERVISOR _____

MAY WE CONTACT? YES NO EMPLOYMENT WAS FULL-TIME PART-TIME HOURLY RATE/SALARY _____ FINAL: _____

LIST JOB DUTIES _____

REASON FOR LEAVING _____

PAST INCIDENTS

Have you plead guilty, no contest to, or been convicted of 1) a felony, or 2) a lesser crime which involved theft, dishonesty or violence in the past seven (7) years? YES NO

If YES, describe the nature of the offense(s) and the county and state where convicted. _____

Have you had your driver's license suspended or revoked within the past five (5) years? YES NO

If YES, list the state which suspended or revoked the license and the reason(s) for each suspension or revocation

Have you been disciplined or fired by a previous employer in the past five (5) years? YES NO

If YES, why?

HOURS AVAILABLE TO WORK

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

What shift are you available for?

_____ Morning _____ Afternoon _____ Evening

Please read carefully and sign

AUTHORIZATION

I hereby authorize the **City of Frontenac** to investigate all statements made in this application, review my driving and criminal records, and to contact my previous employers. I understand that any false statements made herein may eliminate my application from employment consideration, or if discovered after hire, may result in my discharge from employment.

If hired, I will conform to the policies, rules and regulations of the **City of Frontenac**, as described in the, "*Personal Conduct Policies.*"

I agree to submit to a complete physical examination, including drug testing, if requested by the City. I also agree to sign the "*Authorization to Release Information*" form if so requested by the City,

And

ACKNOWLEDGMENT OF AT WILL EMPLOYMENT

I acknowledge that both my employment and my compensation CAN BE TERMINATED AND/OR CHANGED AT WILL, without prior notice and at the sole option of the **City of Frontenac**. I understand that no representative of the **City of Frontenac** has any authority to enter into any agreement hiring me for a specified period of time, or to make any agreement contrary to this acknowledgment.

Applicant's Signature

Date

INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies, and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I understand that this release will be valid for my entire period of employment.

Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { }, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.

Print Name: _____
Last First Middle Initial Maiden Name

Address: _____

Date of Birth: _____ Social Security #: _____

(DOB and SSN used only for identification purposes to ensure accuracy of reports)

Driver's License Number #: _____ State: _____

Date: _____ Signature: _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____

Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- | | |
|---|--|
| _____ Previous Employment Verification | |
| _____ D.O.T. (Special Screening for Commercial Drivers) | |
| _____ Education Verification | _____ Driving Record Check |
| _____ Professional/Personal References | _____ Workers' Compensation* |
| _____ Professional License & Credential Check | |
| _____ Official Education Transcripts | _____ Employment Credit Report* |
| _____ CRIMINAL RECORD CHECKS (list jurisdictions below) | |
| _____ CrimeChexPLUS Multi-State Criminal Index Check | |
| _____ List Criminal Record Jurisdictions To Be Checked: | _____ National Address Search & Social Security # Validation |
| _____ Nationwide Federal Violations Criminal Record Check | |

NOTE: If you are not using the website to place orders, please include the completed job application (along with a copy of the this signed release) in your FAX or Email to LABORCHEX.

***When permitted by state law.**

Signature of Official Authorizing Investigation: _____