

# Application For Employment

[www.salina-ks.gov](http://www.salina-ks.gov)

Office Use Only
No. _____



**We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, disability, or other legally protected status. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department. Applicants for certain specified positions must meet minimum response time requirements. Additional information is available from the Human Resources Department. The City of Salina conducts pre-employment drug testing.**

Job Applied For			Date of Application		
Last Name		First Name	Middle Initial	Social Security Number	
List any other names by which you are known or have been employed.					
Mailing Address	Number	Street	City	State	Zip Code
Telephone Numbers		(Home)	(Work)	Email Address	

**You must fully complete this application. In addition, you may include a resumé or other related personal qualification information relevant to the job.**

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation?  Yes  No  
 The essential functions of each job are contained in the position description which is available online or at the Human Resources Department.  
*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Have you ever been employed with us before?  Yes  No  
 If yes, give date \_\_\_\_\_ What department? \_\_\_\_\_

Are you age 18 or over? If no, provide date of birth \_\_\_\_\_  Yes  No

May we contact your present employer?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon hire.*

On what date would you be available for work? \_\_\_\_\_

If the job requires a valid driver's license, please complete the information directly below.  
 Number \_\_\_\_\_ State \_\_\_\_\_  Regular  CDL

List any relatives presently employed by the City of Salina, and state how you are related. \_\_\_\_\_

Are you willing to work overtime if required?  Yes  No

Are you willing to work different shifts if required?  Yes  No

Are you requesting Veterans Preference?  Yes  No  
*This job may be subject to Veterans Preference as discussed in the Veterans Preference Notice attached to this application. The attached Notice describes how the preference works and how veterans may take advantage of the preference. In order to request the preference, a completed Veterans Preference Request Form (also attached) including a copy of the DD214 must be submitted with this application.*

Have you been convicted of a felony in civilian or military courts within the last 7 years?  Yes  No  
*A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.*

If yes, please explain \_\_\_\_\_

# Employment Experience

Start with your present or last job including any military service assignments. Fully complete the information below. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

Employer		<b>Dates Employed</b>		<b>Your Job Title and Main Duties</b>	
Address					
City	State	Zip Code	<b>Hourly Rate/Salary</b>		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		<b>Dates Employed</b>		<b>Your Job Title and Main Duties</b>	
Address					
City	State	Zip Code	<b>Hourly Rate/Salary</b>		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		<b>Dates Employed</b>		<b>Your Job Title and Main Duties</b>	
Address					
City	State	Zip Code	<b>Hourly Rate/Salary</b>		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					
Employer		<b>Dates Employed</b>		<b>Your Job Title and Main Duties</b>	
Address					
City	State	Zip Code	<b>Hourly Rate/Salary</b>		
			Starting	Final	
Telephone Number	Your Supervisor				
Reason for Leaving					

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment, military, or other experience.

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List any language(s) other than English in which you are fluent.

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# Education

	High School or GED				Undergraduate College/University				Graduate Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship skills, and extra curricular activities												
Describe any honors you have received												

List any professional, trade, business, or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or political affiliation, or other protected status.*

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## References

List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Daytime Telephone Number	Years Known

## Applicant's Statement

*I certify that answers given in this application are true and complete to the best of my knowledge. I authorize complete background investigations, including but not limited to all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City of Salina based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant

Date

*The City of Salina is a Drug Free / Equal Opportunity Employer*

**HUMAN RESOURCES DEPARTMENT**

City of Salina ■ 300 W Ash, Room 200 ■ P. O. Box 736 ■ Salina, Kansas 67402-0736 ■ [www.salina-ks.gov](http://www.salina-ks.gov)

# Equal Employment Opportunity Form

The City of Salina has an equal opportunity affirmative action policy. Knowledge of your race, sex and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested in this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INSTRUCTIONS:** Place your numbered answer to each question in the space provided.

\_\_\_\_\_ A. What sex are you?      1. Male      2. Female

\_\_\_\_\_ B. Which Racial/Ethnic Group do you consider yourself a member?

1. **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.
2. **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent. This area includes for example, China, Japan, Korea, the Philippines, Cambodia, Thailand and Vietnam.
3. **BLACK OR AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.
4. **HISPANIC OR LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South American origin.
5. **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. **WHITE:** All persons having origins in any of the peoples of Europe, including Spain, North Africa, or the Middle East.
7. **TWO (2) OR MORE RACES, (Not Hispanic or Latino):** All persons having two or more origins categorized as American Indian, Asian, Black, Native Hawaiian or White.

\_\_\_\_\_ C. How did you learn about this job?

- |  |                                      |
|--|--------------------------------------|
| 1. Job Notice (Posted in Human Resources Dept.)                        | 7. Job Service                       |
| 2. From a Present City Employee _____                                  | 8. Human Relations Department Notice |
| 3. As a Current City Employee _____<br><small>Name of Employee</small> | 9. Radio                             |
| 4. <i>Salina Journal</i>   | 10. School/University                |
| 5. Other Newspaper _____   | 11. Professional Publication         |
| 6. Salina Cable Ch. 20   | 12. City Website                     |
|  | 13. Other Internet Site _____        |



## **Veteran's Preference Notice**

In accordance with K.S.A. 73-201, the City of Salina offers veterans preference in the initial hiring and first promotion of veterans in classified positions if competent to perform those positions. Veterans Preference will not be given to positions filled by elections, or for City Manager, city management or department heads, temporary or seasonal positions, or for any other position exempted from the preference by state law.

A veteran must request the preference by submitting the Veteran's Preference Eligibility Request form and supporting documentation, along with the Employment Application, to the Human Resources Dept. when applying for an open position.

In determining competency to perform the position, the hiring authority will make a good faith determination that the person is likely to successfully meet the performance standards of the position based on what a reasonable person knowledgeable in the operation of the position would conclude from all information available at the time the decision is made. The basis for such determination shall include experience, training, education, licensure, certification and/or other factors deemed appropriate to determine overall qualification and ability to successfully meet the performance standards of the position. The Human Resources Director or a designee shall document such factors prior to the initiation of the selection process.

Any veteran qualifying for the preference shall not be disqualified from holding any position in such service on account of age or by reason of any physical or mental disability, as long as age or disability does not render the veteran incompetent to perform the duties of the position in which he or she applied. In the event a veteran eligible for the preference, is not hired for the position, the Human Resources Director or a designee shall notify the veteran by certified mail or personal service within thirty (30) days of filling the position.

If a veteran believes that the City has not provided the veteran's preference as required by law, he or she may complete an appeal form, included in the written notification and submit it to the Human Resources Department. The appeal form must be submitted to the Human Resources Department within ten (10) days of receiving the written notification. Upon receipt of the written appeal, the Human Resources Director or a designee will meet with at least two City of Salina Affirmative Action Committee members to review the appeal. Within five (5) days of holding the review meeting, the Affirmative Action Committee will submit a written determination to the veteran.



## Veteran's Preference Notice

Pursuant to K.S.A. 73-201(c), Veterans shall be preferred for initial employment and first promotion in the state government of Kansas, and in the counties and cities of this state, if competent to perform such services. Any veteran thus preferred shall not be disqualified from holding any position in such service on account of the veteran's age or by reason of any physical or mental disability as long as such age or disability does not render the veteran incompetent to perform the duties of the position applied for. When any veteran shall apply for appointment to any such position, place, or employment, the officer, board or person whose duty it is or may be to appoint a person to fill such place shall, if the applicant be a veteran of good reputation, and can competently perform the duties of the position applied for by the veteran, consider the veteran for appointment to such position, place or employment.

In the event an eligible veteran is not hired for a position in which he or she has applied, notification will be sent within 30 days by certified mail or personal service. Such notice will advise the veteran of an administrative appeal process.

*To determine eligibility, please answer the following questions:*

Yes      No

I entered the armed forces before Oct. 15, 1976, and separated from the armed forces under honorable conditions. I served i) on active duty during any war (official dates for war service are 4/6/1917 - 7/2/1921 and 12/7/1941 - 4/28/1952); ii) during the period 4/28/1952 - 7/1/1955; iii) in any campaign or expedition for which a campaign badge or service medal has been authorized; or iv) for more than 180 consecutive days since 1/31/1955 but prior to 10/15/1976, excluding an initial period of active duty for training under the "six month" reserve or national program.		
I entered the armed forces on or after 10/15/1976 and separated from the armed forces under honorable conditions and was awarded a service medal or campaign badge.		
I separated from the armed forces under honorable conditions and have a disability certified by the U.S. Dept. of Veterans Affairs as being service connected, have been issued the purple heart by the U. S. government, or have been released from active service with a service-connected disability.		
I am the spouse of a veteran who has a 100% service connected disability as determined by the U.S. Dept. of Veteran Affairs.		
I am the spouse of a veteran who died while and as a result of service in the armed forces and have not remarried.		
I am the spouse of a prisoner of war, as defined by K.S.A. 75-4364 and amendments thereto.		

**If you marked "Yes" on any of the above questions and desire to use Veteran's Preference, please sign and date this form and submit to Human Resources along with a copy of your DD214 form or the DD214 for of the veteran under which you qualify.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only: Position Applied for: Circle one:      Hired                      Sent Notification (Date: _____)	Date Rec'd: _____
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# APPLICANT BACKGROUND QUESTIONNAIRE

If you stated on your City of Salina Application for Employment that you have been convicted of a felony within the last seven (7) years, please complete this form. A felony will not necessarily be a ban to employment. In order for your application to be considered further, the following information is needed for each felony you have been convicted of within the last seven (7) years.

<b>Date of Conviction</b>		<b>Your Age at Conviction</b>	
<b>Felony Description</b> (Please go into some detail)			
<b>Where Convicted</b> (Court Location)			
<b>Length of Your Sentence Served</b>			
<b>Are you currently on probation or parole?</b>			
<b>If yes, please provide name and phone number of your probation or parole officer.</b>			

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**