City of Wakefield 609 Grove Street Wakefield, KS 67487 (785) 461-5886

Employment Application

Applicant Information										
Full Name:							Da	ate:		
Address:	Last	First			M.I.					
Address.	Street Address					Apai	rtment/Unit	#		
-	City					State	9	ZIP Co	ode	
Phone: ()		_ E-n	nail Addres	ss:					
Date Available:			Desired Salary: _\$							
Position Ap	plied for:									
Are you a citizen of the United States? YES YES YES				YES If no, are you authorized to work in the U.S.? If so, when?					NO	
. , —										
Have you e	ver been convicted of a fe									
If yes, expla	ain:									
Education										
High Schoo	l:	Add	dress	·						
From:	To:			YES	NO	Degree:				
College:		Add	dress							
From:	To:	Did you gradu	ate?	YES	NO	Degree:				
Other:		Add	dress	·						
From:		Did you gradu		YES	NO	Degree:				
			Refe	erences						
Please list three personal references.										
Full Name:	Name:			Relations	hip:					
Company:						Phone:)		
Address: _										
Full Name:	Full Name:				Relationship:					
Company:						Phone:)		
Address: _										
	::									
Company:						Phone:	()		
Address:										

Previous Employment								
Company:	Phone: ()							
Address:	Supervisor:							
Job Title: Starting Salary:	\$ Ending Salary: \$							
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	S NO							
Company:	Phone: ()							
Address:	Supervisor:							
Job Title: Starting Salary:	\$ Ending Salary: _\$							
Responsibilities:								
From: To: Reason for Leaving:	-							
May we contact your previous supervisor for a reference? YES NO □ □								
Company:	Phone: ()							
Address:	Supervisor:							
Job Title: Starting Salary:	\$ Ending Salary: _\$							
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	S NO							
Military Serv	vice							
Branch:	From: To:							
Rank at Discharge: Type	e of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:	Date:							

All potential applicants must past pre-employment drug screening. The City of Wakefield is an equal opportunity employer.