



Employment Application

City of De Soto, Kansas

32905 W. 84th Street; P. O. Box C
De Soto, KS 66018 • Phone: (913) 583-1182 • Fax: (913) 583-3123
E-mail: pquillofoyle@desotoks.us Website: www.desotoks.us

This form has been designed to assist you in applying with the City; all information provided is treated as confidential. Please complete all information requested. The City of De Soto is an Equal Opportunity Employer. Employees are considered to be "at will" employees of the City.

Name _____

Last

First

M.I.

Social Security No _____ Today's Date _____

Position(s) Desired (Title & Department) _____

Date You Can Start _____

Salary Desired _____ Full-Time Part-Time Temp

Address (Street/City/State/Zip) _____

Telephone _____ Have you ever been employed by City of De Soto? _____ If yes, please list dates of employment, position(s) held, and department(s) _____

Have you ever been interviewed for a job with the City of De Soto? _____ If yes, please give the date and position for which you interviewed _____

State your name at that time if different from present _____ List any relatives employed by De Soto _____

As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes No
(Convictions are evaluated by position and are not necessarily disqualifying). If yes, please explain below:

How did you learn about this position? City Employee Newspaper (which one?) _____ Other (specify) _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 If you did not complete high school, do you have a GED? _____

Education	School Attended	Address	Years	Major	Degree/ #Credits
High School					
College/University					
Graduate School					
Trade School					

SKILLS INVENTORY

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Languages: _____ | <input type="checkbox"/> EMT-State | <input type="checkbox"/> Truck Driver <1.5t |
| <input type="checkbox"/> WPM _____ | _____ | <input type="checkbox"/> EMICT-State | <input type="checkbox"/> Truck Driver >1.5t |
| <input type="checkbox"/> Personal Computer | _____ | <input type="checkbox"/> RN-State | <input type="checkbox"/> Backhoe-Loader |
| <input type="checkbox"/> Software: _____ | _____ | <input type="checkbox"/> LPN-State | <input type="checkbox"/> Grader |
| | <input type="checkbox"/> Programming | <input type="checkbox"/> CMA-State | <input type="checkbox"/> Farm Tractor |
| | <input type="checkbox"/> Drafting | <input type="checkbox"/> CAN-State | <input type="checkbox"/> Trencher |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> GIS | <input type="checkbox"/> Dispatching | <input type="checkbox"/> Bulldozer |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> AutoCad | | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Surveying | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Building | <input type="checkbox"/> CPR/ AED | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Cashier | Construction | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Gen. Accounting | <input type="checkbox"/> Read Blue | | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Data Entry | Prints _____ | | <input type="checkbox"/> Vehicle Mechanics |
| <input type="checkbox"/> Microfilm | <input type="checkbox"/> GIS _____ | | <input type="checkbox"/> Concrete Work |
| | | | <input type="checkbox"/> Asphalt Work |

Drivers License Type _____ State _____ Class _____ CDL

Other Skills and/or Licenses _____

Volunteer Work/Internships (Job Related) _____

(For office use only)

Date Received:

Employment History:

Listing the most recent first, complete your employment record for at least the past ten (10) years

Last Name	First Name	SSN

Employer _____ Address _____
 From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
 Supervisor Name _____ Telephone _____ May we call for references? _____
 Briefly, explain duties _____

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 From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
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 From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
 Supervisor Name _____ Telephone _____ May we call for references? _____
 Briefly, explain duties _____

Military Service _____ Branch _____ Special Training _____
 From _____ to _____ Rank _____ Honors _____

Are you prevented from lawfully becoming employed in the United States because of visa or immigration status? _____

The City of De Soto does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of programs and services.

“If employed, I understand that I must conform to the policies of the City of De Soto and to any departmental rules and regulations, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of De Soto or myself. I understand that no manager or representative of De Soto, other than the Governing Body of De Soto has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I hereby certify that the information given on all pages of this application is true and correct. I understand that any answers contrary to the truth may be grounds for dismissal or refusal to hire and that nothing has been withheld that would affect my employment. I authorize my former employers, educational institutions and other persons or entities identified in this application to provide any and all information or documents about me to De Soto, Kansas. I hereby relieve all individuals connected with such release from liability for providing this information. If employed, I understand that I must furnish information required pertaining to birthdate, sex, race, citizenship, marital status and number of dependents and would agree to conform to the rules and regulations of the City of De Soto, including a background check of all information I have provided.”

Applicant Signature: _____ *Date:* _____