



The City of Kimball is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please print or write legibly in ink. Fill in all blanks completely.

POSITION APPLIED FOR:		DATE OF APPLICATION:	
NAME			
LAST	FIRST	MIDDLE INITIAL	
HOME ADDRESS			
STREET	CITY	STATE	ZIP
MAILING ADDRESS			
STREET	CITY	STATE	ZIP
(IF DIFFERENT)			
TELEPHONE			
HOME	CELL	WORK/BUSINESS	

APPLICANT INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NO.	STATE	EXP DATE
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</small>			
*HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF KIMBALL BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DATES WHAT DEPARTMENT			
*HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY IN CIVILIAN OR MILITARY COURTS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)</small>			
HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT FOR MISCONDUCT, OR HAVE YOU EVER RESIGNED ON REQUEST TO AVOID DISCHARGE? PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU RELATED TO ANYONE EMPLOYED BY THE CITY OF KIMBALL <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF RELATIVE	DEPARTMENT	
DATE YOU CAN START	SALARY DESIRED		

EDUCATIONAL BACKGROUND

	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			
MAJOR AND MINOR SUBJECTS			
LIST LICENSES, PROFESSIONAL REGISTRATIONS OR OTHER RECOGNITIONS			
LIST SPECIAL SKILLS OR QUALIFICATIONS			

MILITARY - COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

BRANCH OF SERVICE	DUTIES AND SPECIAL TRAINING
PERIOD OF ACTIVE DUTY	RANK AT DISCHARGE
FROM TO	TYPE OF DISCHARGE

FOR CITY USE ONLY!
THIS APPLICATION WAS RECEIVED BY: DATE:

EMPLOYMENT EXPERIENCE

BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION. FOR A PERIOD OF 10 YEARS, INCLUDING ANY MILITARY SERVICE AND COMPLETE THE BELOW INFORMATION FULLY. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.
APPLICATION SHOULD BE FULLY COMPLETED, WITHOUT REFERENCE TO ATTACHED RESUME. IN ADDITION, YOU MAY INCLUDE A RESUME.

NAME OF EMPLOYER	DATES EMPLOYED (MONTH/YEAR) FROM: TO: TOTAL:		SALARY RATE STARTING: END:
ADDRESS	NAME OF SUPERVISOR		YOUR POSITION
CITY STATE ZIP	DESCRIBE YOUR DUTIES		
TELEPHONE NUMBER			
REASON FOR LEAVING			
NAME OF EMPLOYER	DATES EMPLOYED (MONTH/YEAR) FROM: TO: TOTAL:		SALARY RATE STARTING: END:
ADDRESS	NAME OF SUPERVISOR		YOUR POSITION
CITY STATE ZIP	DESCRIBE YOUR DUTIES		
TELEPHONE NUMBER			
REASON FOR LEAVING			
NAME OF EMPLOYER	DATES EMPLOYED (MONTH/YEAR) FROM: TO: TOTAL:		SALARY RATE STARTING: END:
ADDRESS	NAME OF SUPERVISOR		YOUR POSITION
CITY STATE ZIP	DESCRIBE YOUR DUTIES		
TELEPHONE NUMBER			
REASON FOR LEAVING			
NAME OF EMPLOYER	DATES EMPLOYED (MONTH/YEAR) FROM: TO: TOTAL:		SALARY RATE STARTING: END:
ADDRESS	NAME OF SUPERVISOR		YOUR POSITION
CITY STATE ZIP	DESCRIBE YOUR DUTIES		
TELEPHONE NUMBER			
REASON FOR LEAVING			

REFERENCES - LIST THREE REFERENCES WHO ARE NEITHER RELATED TO YOU NOR A FORMER EMPLOYER.

	NAME	ADDRESS (CITY, STATE ZIP)	TELEPHONE NUMBER	YEARS KNOWN
1				
2				
3				

APPLICANT'S STATEMENT - READ CAREFULLY BEFORE SIGNING

<p>I CERTIFY THAT ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE A COMPLETE BACKGROUND INVESTIGATION, INCLUDING BUT NOT LIMITED TO ALL STATEMENTS CONTAINED IN THE APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. IF I AM EMPLOYED BY THE CITY BASED ON THIS APPLICATION, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS AT WILL, AND I CAN BE TERMINATED ACCORDING TO THE PROVISIONS OF THE CITY OF KIMBALL EMPLOYEE HANDBOOK.</p> <p>SIGNATURE OF APPLICANT _____ DATE: _____</p>
