



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Date Available	Social Security Number	Desired Salary	
Position Applied for		Phone Number:	
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?	

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full name	Relationship
Company	Phone ( )
Address	
Full name	Relationship
Company	Phone ( )
Address	
Full name	Relationship
Company	Phone ( )
Address	

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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? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type 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



I authorize the City of Girard to conduct a background check / driver's license check through the Kansas Department of Revenue, Divisions of Vehicles.

Driver's License #: \_\_\_\_\_

Print: \_\_\_\_\_

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

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

