

CITY OF CANTON
PO BOX 476
CANTON, KS 67428

Employment Application

Applicant Information

Full Name: _____ D.O. B: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____ Social Security No.: _____ DL #: _____

Desired Salary:\$ _____

Date Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company : _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company : _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
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? 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?

YES

NO

Company
:

Phone: _____
Supervisor

Address: _____

: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

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
:
