



**City of Leavenworth, Kansas**  
**100 North 5th Street**  
**Leavenworth, KS 66048**  
**City Website: [www.leavenworthks.org](http://www.leavenworthks.org)**

## Application for Employment

**Important Note:** Answer all questions as completely and accurately as possible. Only **COMPLETE** and **LEGIBLE** applications will be considered! The City of Leavenworth is an Equal Opportunity Employer.

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number XXX-XX- \_\_\_\_\_ (last 4 only) Are you a US Citizen? \_\_\_\_\_ Have you ever worked for us? \_\_\_\_\_ If yes, When? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ (Such conviction may be relevant, if job related, but does not necessarily bar you from employment.) If yes, explain. \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If yes, \_\_\_\_\_  
State Number Expiration Date

Are you at least 21 years of age? \_\_\_\_\_ If no, date of birth \_\_\_\_\_

How did you hear about this position (i.e., Website, Workforce Partnership Center, Newspaper, Friend, or Other)? Please explain: \_\_\_\_\_

Are you related to any current city employee? \_\_\_\_\_ If yes, please list \_\_\_\_\_

List any special skills, qualifications, or experiences which make you especially fit for work with the City. \_\_\_\_\_

### Veterans Preference

Do you claim veteran's preference? \_\_\_\_\_ If yes, check one of the following: \_\_\_\_\_ 5 points \_\_\_\_\_ 10 points Disabled Veteran

Dates of Service \_\_\_\_\_ to \_\_\_\_\_ **NOTE:** You must attach copy of DD-214, Member 4 copy, in order to be considered for preference eligibility.

### Record of Education

	Name of School/Address	Course of Study	Years Completed				Did You Graduate?	Diploma, Degree or GED
			1	2	3	4		
High School								
College								
Other (Specify)								

**Personal References (Not former employers or relatives)**

Name and Occupation	Address (City & State) or Email Address	Telephone Number

**Employment History:** List ALL past work experiences starting with your current or most recent position. Explain any lapses in employment. Include military and volunteer work. Attach additional sheets if necessary.

Total Years Employed _____	Employer _____ Address _____
Yrs. _____ Mos. _____	Title _____ Starting Salary _____ Ending Salary _____
From _____	Specific Duties and responsibilities _____
To _____	
Avg Hours per Week _____	Reason for Leaving _____

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**Certificate of Applicant:** It is understood and agreed that any misrepresentation on this application form and/or associated resume will be sufficient cause for cancellation of this application and/or termination of employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the City reserves the right to terminate my employment at any time, with or without cause and without notice. I understand that no representative of the City has the authority to make assurances to the contrary. I give the City the right to investigate all references and to secure additional information about me to be used to determine my suitability for employment. I hereby release from liability the City and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. I agree that my typed signature below will have the same force and effect as a manual signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_