

# City of Guthrie Center/Guthrie Center Municipal Utilities

## Application For Employment

PLEASE PRINT OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City of Guthrie Center/Guthrie Center Municipal Utilities.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

Date available to begin work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Have you been convicted of a crime in the last seven (7) years? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driving license number if driving is essential job function \_\_\_\_\_ State \_\_\_\_\_

Do you understand that as a City of Guthrie Center/Guthrie Center Municipal Utility employee you may be subject to random drug and alcohol screening tests?  Yes  No

### Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	YEAR OF GRADUATION		MAJOR COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

### Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	SUPERVISOR	TELEPHONE ( )
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	SUPERVISOR	TELEPHONE ( )
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

FROM	TO	SUPERVISOR	TELEPHONE ( )
JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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JOB TITLE		ADDRESS	
EMPLOYER		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

### Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

### References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND IT IS THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

IF I AM HIRED, I UNDERSTAND THAT I MAY RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION. CITY OF GUTHRIE CENTER/GUTHRIE CENTER MUNICIPAL UTILITIES

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. I also consent to a criminal background check being performed on me by the City of Guthrie Center/Guthrie Center Municipal Utilities.

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

I represent and warrant that I have read and fully understand the foregoing and my minor child does seek employment under these conditions including but not limited to random drug and alcohol screening tests and a criminal background check.

By signing this Application I give permission to the City of Guthrie Center/Guthrie Center Municipal Utilities to administer random drug and alcohol screening tests on my minor child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_