

# APPLICATION FOR EMPLOYMENT

The City of Topeka is an Equal Opportunity Employer

## CITY OF TOPEKA, KANSAS

HUMAN RESOURCES DEPARTMENT

www.topeka.org

Phone 785-368-3867  
TDD 785-368-3603

Street Address: 215 S.E. 7th, Room 170  
Topeka, Kansas 66603-3914

INITIAL SCREENING WILL BE BASED ON THIS APPLICATION. PLEASE BE SURE TO ANSWER ALL ITEMS COMPLETELY AND ACCURATELY. LET US KNOW IF YOU DO NOT UNDERSTAND AN ITEM, OR NEED HELP IN COMPLETING THIS APPLICATION. PLEASE PRINT!

### POSITION APPLIED FOR: \_\_\_\_\_

(IF YOU ARE INTERESTED IN MORE THAN ONE POSITION, PLEASE SUBMIT AN APPLICATION FOR EACH)

DATE: \_\_\_\_\_ Home Telephone \_\_\_\_\_

NAME: \_\_\_\_\_ Work / Other Telephone \_\_\_\_\_  
Last First Middle

OTHER NAME(S) USED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

Driver's License Number \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

WHAT TYPE OF WORK ARE YOU WILLING TO ACCEPT?  Full Time  Part-Time  Seasonal or Temporary

WHAT HOURS/SHIFTS WILL YOU WORK?  Day/First  Evening/Second  Nights/Third  Any

WHAT DAYS ARE YOU WILLING TO WORK? \_\_\_\_\_

WHEN WOULD YOU BE ABLE TO START WORK, IF HIRED? \_\_\_\_\_

WHAT IS THE MINIMUM HOURLY SALARY YOU WOULD ACCEPT? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE CITY OF TOPEKA? \_\_\_\_\_

POSITION HELD: DEPARTMENT: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY? \_\_\_\_\_

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DEPARTMENT</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been convicted of a felony and/or a misdemeanor other than a minor traffic violation?  Yes  No  
(Conviction will not automatically disqualify you from employment, but will be considered in relation to the position you are seeking).

### RESIDENCY REQUIREMENT

Should you be employed with a City of Topeka Department, City Ordinance (#14838) requires that all new employees reside within the corporate limits of Shawnee County within six (6) months after the successful completion of your initial probationary period.

Do you live within the corporate limits of Shawnee County?  Yes  No

If you answered No to the above question, would you be willing to relocate?  Yes  No

Middle  
First  
Last  
NAME



# WORK EXPERIENCE

**NOTE:** NOT ANSWERING ALL ITEMS IN THE FOLLOWING SECTION MAY ELIMINATE YOU FROM FURTHER CONSIDERATION. BE SURE TO PROVIDE PHONE NUMBERS FOR YOUR MOST RECENT EMPLOYERS.

Please include employment information for at least the last ten (10) years, if applicable. Please attach additional sheets if necessary.

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1 Present Employer \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Final Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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2 Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Final Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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3 Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Final Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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4 Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Final Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**SIGN AND COMPLETE NEXT PAGE**

**PLEASE READ CAREFULLY AND SIGN:**

The facts set forth above in my application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application.

**My signature authorizes the City of Topeka to review my employment records, driving and criminal records or other background data as it may relate to the position for which I am applying. My signature authorized my current and previous employers to release my employment records to the City of Topeka.**

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DATE

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PRINTED NAME

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SIGNATURE

**CITY OF TOPEKA**  
**APPLICANT CHARACTERISTIC SURVEY**  
**(FOR STATISTICAL USE ONLY)**

**TO ALL APPLICANTS:**

The following information does not affect you as an applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, in the validation of our selection methods and for the purpose of Equal Employment Opportunity reporting. We ask for your cooperation by completing this survey, but please be advised that your cooperation is optional.

**INSTRUCTIONS:** Check the correct answer or fill in the blank, whichever is applicable.

A. Social Security Number

— —  
\_\_\_\_\_

B. Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

C. Your Gender

1. Male  
 2. Female

D. Of the following, which racial /ethnic group do you consider yourself a member? See definitions below.

1. American Indian / Alaskan Native  
 2. Black  
 3. Asian / Pacific Islander  
 4. Hispanic  
 5. White

E. How did you learn about this job?

1. Kansas JobLink  
 2. Private Employment Agency  
 3. City Employee  
 4. Job Announcement on Bulletin Board  
 5. Newspaper – specify \_\_\_\_\_  
 6. Internet – specify site \_\_\_\_\_  
 7. Professional Periodical \_\_\_\_\_  
 8. School – specify \_\_\_\_\_  
 9. Other – please specify \_\_\_\_\_

*For the purpose of Equal Employment Opportunity and Affirmative Action, race/ethnic categories are defined as:*

**White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

**Hispanic**: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islanders**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**American Indian or Alaskan Native**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**VETERAN'S PREFERENCE INFORMATION**

Completion of the Veteran's Preference section is made on a voluntary basis. If claiming a Kansas Veteran's Preference under Kansas Statute 73-201, a **DD214** or comparable document confirming honorable discharge **must be furnished at the time of application.**

Are you a veteran claiming Kansas Veteran's Preference?

1. Yes  
 2. No