



115 W Grant Avenue ● Ulysses, KS 67880
 620- 356- 4600 ● Fax: 620- 356- 4840
 www.cityofulysses.com

SKILL INVENTORY: Check those skills which you have acquired:

CLERICAL: ___ Typewriter ___ wpm ___ Cashiering ___ General Accounting ___ Record Keeping
 ___ Key Punch ___ Payroll ___ Filing ___ Purchasing
 ___ Credits & Collection ___ Telephone ___ Utility Billing ___ Calculator/Adding Machine

TECHNICAL: ___ Computer Programming ___ Drafting ___ Construction Inspection ___ Surveying
 ___ Water/Wastewater Certification ___ Level ___ Electrical Repair

MAINTENANCE: ___ Construction ___ Truck Driver – to 1 ½ ton ___ Farm Tractor ___ Backhoe-Loader
 ___ Truck Driver – over 1 ½ ton ___ Trencher ___ General Labor
 ___ Grader Operations ___ Bull Dozer ___ Chain Saw ___ Concrete Work
 ___ Asphalt Work ___ Vehicle Mechanic ___ Plumbing ___ Landscaping

Have you ever been employed by the City of Ulysses? Yes ___ No ___ If yes, in which department? _____

Position _____ From _____ To _____

Do you have any relatives working for the City of Ulysses? Yes ___ No ___ Please list any relative(s) you have who work for the City:

Name: _____ Department _____ Relationship _____

Name: _____ Department _____ Relationship _____

Name: _____ Department _____ Relationship _____

Have you ever supervised a group of employees? Yes ___ No ___

If yes, indicate in which position, the number of employees and the extent of your responsibilities:

All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? ___ Yes ___ No

If no, can you provide proof that you have the legal right to work in the U.S.? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No If yes, give details including dates, charges and disposition.
Convictions are not an absolute bar for employment. Consideration is given to the offense and its relationship to the position which you are applying. Attach separate sheet if necessary.

List all traffic conviction of accidents in the last three (3) years: _____

MILITARY INFORMATION:

Have you ever served on active duty in the U.S. Armed Services? ___ Yes ___ No

Dates: From: _____ to _____ Branch: _____

Duties _____

Are you involved in any part-time military field? (i.e. National Guard, Reserves) ___ Yes ___ No

If yes, give details:



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LICENSE INFORMATION: Do you have a:

Valid driver's license: Yes ___ No ___ State of Issuance _____ License# _____

Valid Commercial license: Yes ___ No ___ State of Issuance _____ License# _____

Class of CDL _____ List Attachments _____

EMPLOYMENT RECORD: Complete your employment record for at least the past 10 years. Include military experience if applicable. Please explain any gaps between jobs on the last page in "comments".

Present or Last Employer: _____ Address: _____

From _____ To _____ Job Title _____ Telephone _____

Reason for leaving _____ Ending of Present Salary _____

May we contact your present or last employer for reference? Yes ___ No ___ Supervisor Name _____

Briefly explain duties _____

Present or Last Employer: _____ Address: _____

From _____ To _____ Job Title _____ Telephone _____

Reason for leaving _____ Ending of Present Salary _____

May we contact your present or last employer for reference? Yes ___ No ___ Supervisor Name _____

Briefly explain duties _____

Present or Last Employer: _____ Address: _____

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Briefly explain duties _____



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Are you presently employed? Yes _____ No _____ If yes, why do you wish to leave?

Would you object to having any of the above employers contacted in regard to your work? Yes _____ No _____

If no, initial for approval _____ . If yes, explain _____

REFERENCES:

List three persons who are not related to you and who have a definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Address	Occupation	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Comments: State why you believe you are qualified to perform the kind of work for which you are applying:

All conditional offers of employment will be conditional and subject to the passing a pre-employment physical, drug screen and applicant driving record must be acceptable by the city's insurance carrier.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company.

I hereby certify that the information given in this application is true and correct. I understand that the City may research all statements and claim made on this application and make reference checks. If research shows that false information was willfully given by me, it shall be considered sufficient cause for rejection or dismissal.

Date _____ Signature _____



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Authority for Release of Information

Name

Last _____ First _____ Middle _____ Maiden _____

Date of Birth: _____ Social Security Number: _____

Place of Birth: City _____ State _____ County _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Ulysses, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent date for the City of Ulysses to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Ulysses. I understand that all materials pertaining to this background investigation become the property of the City of Ulysses and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary:

Signature _____

Date _____

(notary stamp)