



CITY OF OXFORD
 115 South Sumner, Oxford, Kansas 67119
 Voice: (620) 455-2223 Fax: (620) 455-2917
WWW.OXFORDKS.ORG

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, gender, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statutes and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

FULL LEGAL NAME:	Last:	Suffix:	First:	M.I.
D.O.B.:	S.S.N.:	O.L.N.:	ST:	
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT INFORMATION:				
HOME:	CELL:	ARE YOU AT LEAST 18 YOA: YES NO		
DAYTIME CONTACT NUMBER:		EMAIL:		
OTHER NAMES USED:				
POSITION APPLIED FOR:		SALARY EXPECTED:	\$	
REFERRED BY:		DATE AVAILABLE:		
PREVIOUS EMPLOYMENT WITH THIS ORGANIZATION?	YES NO		DATES:	
PREVIOUS SUPERVISOR:	REASON FOR LEAVING:			

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</p> <p style="text-align: center;">YES NO</p> <p style="font-size: small;">If yes, provide location, date, charge(s) and disposition of case(s) on a separate sheet.</p>	<p>CAN YOU SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES? REQUIRED IF NOT A U.S. RESIDENT:</p> <p style="text-align: center;">YES NO</p>
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U.S. MILITARY SERVICE

BRANCH:	FROM:	TO:	DISCHARGE TYPE:
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EDUCATION/SKILLS

EDUCATION:	NAME:	ADDRESS:	CITY/STATE/ZIP:	DEGREE/MAJOR:
HIGH SCHOOL:				
COLLEGE:				
GRADUATE:				
VOCATIONAL:	FROM:	TO:	TYPE OF CERTIFICATE:	

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE:	NAME:	PROFICIENCY:
WORD PROCESSING		<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
SPREEDSHEET		<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
DATABASE		<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR
OTHER		<input type="checkbox"/> SKILLED <input type="checkbox"/> COMPETENT <input type="checkbox"/> FAMILIAR

LICENSES/CERTIFICATIONS/ORGANIZATIONS
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(Position Related) PROFESSIONAL LICENSES AND CERTIFICATIONS	TYPE	DATE ISSUED	CERT. NUMBER	STATE	EXPIRED MO/YR
(Position Related) PROFESSIONAL, SCHOLASTIC MEMBERSHIP ORGANIZATIONS	NAME	DATE	NAME	DATE	

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEARS WORK HISTORY AND MUST BE COMPLETED EVEN IF A RESUME HAS BEEN SUBMITTED/ATTACHED

LIST YOUR MOST RECENT EMPLOYMENT FIRST INCLUDING U.S. MILIARY SERVICE AND NON-PAID/VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME,BONUSES OR COMMISSIONS.

FROM (Mo./Yr.):	TO: (Mo./Yr.):	TOTAL YEARS:	MNTS:	POSITION TYTLE:
EMPLOYER:			SUPERVISOR NAME:	
ADDRESS:			PHONE:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
STARTING SALARY:	ENDING SALARY:		MONTHLY	WEEKLY HOURLY
OTHER COMPENSATION:				
BRIEF DESCRIPTION OF DUTIES/RESPONSIBILLITIES:				

FROM (Mo./Yr.):	TO: (Mo./Yr.):	TOTAL YEARS:	MNTS:	POSITION TYTLE:
EMPLOYER:			SUPERVISOR NAME:	
ADDRESS:			PHONE:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
STARTING SALARY:	ENDING SALARY:		MONTHLY	WEEKLY HOURLY
OTHER COMPENSATION:				
BRIEF DESCRIPTION OF DUTIES/RESPONSIBILLITIES:				

FROM (Mo./Yr.):	TO: (Mo./Yr.):	TOTAL YEARS:	MNTS:	POSITION TYTLE:
EMPLOYER:			SUPERVISOR NAME:	
ADDRESS:			PHONE:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
STARTING SALARY:	ENDING SALARY:		MONTHLY	WEEKLY HOURLY
OTHER COMPENSATION:				
BRIEF DESCRIPTION OF DUTIES/RESPONSIBILLITIES:				

FROM (Mo./Yr.):	TO: (Mo./Yr.):	TOTAL YEARS:	MNTS:	POSITION TYTLE:
EMPLOYER:			SUPERVISOR NAME:	
ADDRESS:			PHONE:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
STARTING SALARY:	ENDING SALARY:		MONTHLY	WEEKLY HOURLY
OTHER COMPENSATION:				
BRIEF DESCRIPTION OF DUTIES/RESPONSIBILLITIES:				

FROM (Mo./Yr.):	TO: (Mo./Yr.):	TOTAL YEARS:	MNTS:	POSITION TYTLE:
EMPLOYER:			SUPERVISOR NAME:	
ADDRESS:			PHONE:	
TYPE OF BUSINESS:			REASON FOR LEAVING:	
STARTING SALARY:	ENDING SALARY:		MONTHLY	WEEKLY HOURLY
OTHER COMPENSATION:				
BRIEF DESCRIPTION OF DUTIES/RESPONSIBILLITIES:				

(ATTACH ADDITIONAL PAGES IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, childcare, disability, or any other protected activity. (Attach additional pages if necessary)

REFERENCES

Name: Address: City/State/Zip Daytime Phone: Relationship (not related):	Name: Address: City/State/Zip Daytime Phone: Relationship (not related):
Name: Address: City/State/Zip Daytime Phone: Relationship (not related):	Name: Address: City/State/Zip Daytime Phone: Relationship (not related):

EMERGENCY CONTACT

Name:
 Address:
 City/State/Zip
 Daytime Phone: Business Phone:
 Relationship:

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE THE CITY OF OXFORD KANSAS TO CONTACT: MY PRESENT EMPLOYER(S): YES NO
 MY PAST EMPLOYER(S): YES NO

As part of our normal procedures in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision.

This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the City of Oxford, its representatives, employees or agents to conduct all pre-employment inquires and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production af all documents necessary for this employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the American’s with Disabilities Act of 1990. Applicants who believe they are covered by these acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process or failing to disclose inclusion on another law enforcement agencies Brady/Giglio list constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree tat the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

STOP! DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT:

DATE:

**FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement**

To: All Applicants for Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigate consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Printed Name:

Signature:

Date:

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

AS PER THE CITY OF OXFORD'S DRUG FREE WORKPLACE POLICY; ALL NEW EMPLOYEES MAY BE SUBJECT TO PASSING A DRUG SCREENING TEST AS A PREREQUISITE TO STARTING THEIR EMPLOYMENT FOR THE CITY OF OXFORD.