



City of Peabody

300 N Walnut St
Peabody, KS 66866
620-983-2174

Application for Employment

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status. The City of Peabody is an Equal Opportunity Employer.

Application information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	
Date Available:		S.S. no:	
		Desired salary:	\$
Position applied for:			

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, may we contact them? _____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____

Education

High school:		Address:	
From:		To:	
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Diploma:	
College:		Address:	
From:		To:	
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Degree:	



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References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		



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Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand also that I am required to abide by all rules and regulations of this employer.

Signature:	_____	Date:	_____
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