



EMPLOYMENT APPLICATION

(Please Print Clearly)

624 College * Winfield, KS 67156
(620)221-2160 * Fax (620)402-2694

WINFIELD RECREATION COMMISSION

Name _____ Social Security # _____
Last Middle First

Address _____ Phone # _____
Number & Street City State Zip

E-mail address _____

Position(s) applied for _____

Were you previously employed by us? Yes No If yes, when? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

May we contact your previous employer(s)? Yes No

Have you ever been discharged or forced/asked to resign? Yes No If yes, explain. _____

Are you of the legal age to work? (16 years or older) Yes No

Have you been convicted of a crime within the last 7 years? Yes No If yes, explain. _____

(Conviction will not necessarily disqualify applicant from employment)

Do you have a valid drivers license? Yes No

Are you legally eligible for employment in the U.S.A.? Yes No (If yes, verification will be required)

Are you available to work: Full time Part time Temporary

On what date would you be available for work? _____

EDUCATION

	Middle	High	College	Graduate
School Name				
Years completed	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	////////////////////			
Course of Study	////////////////////	////////////////////		

Special training or experience that may help qualify you for this job:

Honors:

PRESENT AND PAST EMPLOYMENT (Most Recent first)

Name and address of Company:			
Telephone:		Supervisor:	
Duties:			
From: Month	Year	To: Month	Year
Reason for leaving:			

Name and address of Company:			
Telephone:		Supervisor:	
Duties:			
From: Month	Year	To: Month	Year
Reason for leaving:			

Name and address of Company:			
Telephone:		Supervisor:	
Duties:			
From: Month	Year	To: Month	Year
Reason for leaving:			

REFERENCES

List two personal references (non-family) and their daytime phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Please read and sign below:

I understand that:

1. Any material misrepresentation or deliberate omission of a fact in my application or interview may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the WRC will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the WRC and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the WRC at any time without liability for wages or salary except such as may have been earned at the date of such termination.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the WRC can change wages, benefits and conditions at any time. I have read and understand the above.

Applicant signature _____ Date _____