



# Arkansas City Recreation Commission

225 East Fifth Avenue, Arkansas City, Ks 67005

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	STREET	CITY STATE ZIP CODE
TELEPHONE NUMBER		DATE OF APPLICATION

POSITION(S) APPLIED FOR	MY AGE IS AT LEAST <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18
SALARY REQUIREMENTS	DATE AVAILABLE FOR WORK

ARE YOU AVAILABLE TO WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER SEASON	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU APPLIED WITH ACRC BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE _____ HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ HAVE YOU BE CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____	MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ ARE YOU LEGALY AUTHORIZED TO WORK IN THE UNITED STATES? PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRES UPON EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

Education	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COMMUNITY COLLEGE				
COLLEGE OR UNIVERSITY				
GRADUATE OR PROFESSIONAL				
OTHER (SPECIFY)				

**Skills**

Describe any equipment and computer software operated

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describe any equipment and apprenticeship, or personal skill and abilities

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**The Arkansas City Recreation Commission is an Equal Opportunity Employer**

# Employment History

Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or protected status.

May we contact these employers?  YES  NO

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
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	STARTING	FINAL	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING

*If you need additional space, please continue on a sperate sheet of paper.*

## References

NAME	OCCUPATION
ADDRESS	TELEPHONE NUMBER

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ADDRESS	TELEPHONE NUMBER

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ADDRESS	TELEPHONE NUMBER

## Applicant's Statement

I hereby affirm that the information provided on this application and resume, if attached, is true and complete to the best of my knowledge. Further, I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer, and other organizations named in this application and resume, if attached, to provide any relevant information that may be required by the ACRC to arrive at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the ACRC Board or its authorized executive.

If offered a position with the ACRC, I consent to taking a physical examination and such further physical examinations as may be required to comply with Kansas Law. Further, I consent to taking a pre-employment drug screening, at the expense of the ACRC, and understand that passing this test with a negative reading for drug use is required for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***This application must be signed in order to be considered***