

Γ	INTERNAL USE ONLY:	

# **APPLICATION FOR EMPLOYMENT**

### THIS APPLICATION PACKET MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE QUALIFIED FOR EMPLOYMENT CONSIDERATION.

Please provide accurate, detailed information in order to accelerate the processing of these documents. Failure to provide correct and complete information may disqualify applicants from consideration for employment.

#### RESUMES MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED IN LIEU OF AN EMPLOYMENT APPLICATION.

Please do not leave any section blank. Address each item and enter "N/A" if there is no information to provide – or if a question is not applicable.

Topeka Metro, is an Equal Opportunity Employer and does not discriminate on the basis of race or national origin, gender, sexual orientation,

religious standpoint, age, or disability status during the hiring process and provision of services from employees/contractors. **PERSONAL DATA LAST NAME: FIRST NAME: MIDDLE INITIAL:** Are you legally eligible for employment in the U.S.? **SOCIAL SECURITY NO.:** Are you at least 18 years of age? ☐ Yes ☐ No ☐ Yes ☐ No Email Address: **HOME/PRIMARY PHONE NO.:** Alternate Phone No.: **CURRENT STREET ADDRESS:** CITY: STATE: ZIP CODE: **Expiration Date:** License No.: State: Do you have a valid driver's license? Yes No DL Classification: Regular/Class C CDL/Class A CDL/Class B **APPLICATION / EMPLOYMENT STATUS** Prior position(s) and date(s) of employment with Topeka Metro: Date of application: List any individuals who referred you to this organization for employment: Job position and/or type of work for which you are applying: Desired wage/salary: Date available for work: Seasonal Type of employment desired: Full-Time Part-Time Are you available to work overtime, if necessary? ■ No ☐ Yes **EDUCATION HISTORY** Type of Years Name and Location of School Did You Graduate? **Course of Study** Completed School HIGH YES NO **SCHOOL** COLLEGE, TECHNICAL YES NO or OTHER Start Date: **Training & Special Skills:** Branch: **MILITARY** End Date:

# **EMPLOYMENT HISTORY**

PLEASE LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS REGARDLESS OF JOB DUTIES AND DURATION OF EMPLOYMENT.

List prior employers in sequence beginning with the current or most recent company.

(ATTACH ADDITIONAL PAGES, IF NECESSARY).

## **CURRENT OR MOST RECENT EMPLOYER:**

(Please leave NO empty spaces below - cross out or mark "N/A" if requested information is not applicable or unavailable.)

Start Date:	Empl	oyer:	Phone:				
End Date:	1						
Immediate Supervisor:	Addre	SS:	City:		State:	Zip:	
Starting Job Title:		Ending Job Title:	Starting Pay Rate:		Final Pay Rate:		
Summarize the nature of work perfo	Reason for leavin	Reason for leaving:					
May we contact this employer for verification purposes?							
SECOND MOST RECENT EMPLOYE	R:						
Start Date:	Empl	oyer:	Phone:				
End Date:							
Immediate Supervisor:	Addre	ss:	City:		State:	Zip:	
Starting Job Title:	Starting Job Title: Ending Job Title:				Final Pay Rate:		
Summarize the nature of work perfo	rmed a	nd your job responsibilities:	Reason for leaving:				
May we contact this employer for verification purposes?							
THIRD MOST RECENT EMPLOYER:							
Start Date:	Empl	oyer:		Phone:			
End Date:							
Immediate Supervisor:	Addre	ss:	City:		State:	Zip:	
Starting Job Title:	itle: Ending Job Title:				Final Pay Rate:		
Summarize the nature of work perfo	nd your job responsibilities:	Reason for leaving:					
May we contact this employer for verification purposes? Yes No Yes, but not at this time – Please explain:							
PERIODS OF UNEMPLOYMENT							
Please provide dates and details of any periods of unemployment during the past 5 years (include gaps in employment greater than 30 days):							

Topeka Metro

Но	Note: A criminal record		viction may not d			• •		
Have you ever been convicted of a crime?  No Yes			Are there any felony or misdemeanor charges pending against you?   Yes   No  If Yes, please provided additional details here:					
If Yes, please c	complete this section in its en	tirety.						
Approx. Date	Location (List Court/Jurisdiction, if known):		Description of Charge(s):		s):	Probation/Parole Officer (include name & phone number):		
			DERSONAL	REFERENCES				
Name:		Addres	s (incl. city, state, & zip		Phone No:	Relationship:		
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Name:			s (incl. city, state, & zip		Phone No:	Relationship:	lationship:	
Name:		Address	s (incl. city, state, & zip	) or Email:	Phone No:	Relationship:		
May we contact	ct the above individuals for a	referen	ce? Yes No	(If No, please explai	in):			
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		LJ.	SENTIAL JUB FU	JNCTIONS/DUT	IES .			
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### ABOUT CSC AND THE HIRING PROCESS:

Constellation Service Co., or "CSC," provides management-consulting services to Topeka Metro ("Company" or "Topeka Metro"). CSC is not an employment-placement agency; hired individuals become employees of Topeka Metro. The Company has hired CSC to assist in helping to provide a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. CSC will be screening applications for completeness and accuracy. Included in this application packet is an excerpt from the federal Fair Credit Reporting Act, as it pertains to application screening and background checks.

THE SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY INFORMATION, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED DATA), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS.

Questions regarding your application status or the current hiring needs of the Company may be directed to: Phone: 785-271-5557 Business Hours: 8:00 am to 5:00 pm CONSTELLATION SERVICE CO. Email: (Monday – Friday) employment@constellationservice.com

# APPLICANT'S INDEMNIFICATION AND STATEMENT OF AFFIRMATION:

I hereby authorize Constellation Service Co., and agents acting on behalf of CSC, to request and obtain pertinent information (specified in the above paragraph) from my former employers. I agree to hold harmless all former employers providing said information from any responsibility for damage or other liability that may arise due to the truthful disclosure of the aforementioned employment information. I further authorize CSC to disclose my employment history and data contained within this application packet to companies and/or organizations with whom CSC has a business relationship.

I understand that it is the policy of Topeka Metro that all applicants offered employment successfully complete a drug screen by providing proof of the absence of illicit and/or impairing substances. I also understand that a confirmed test result for the presence of an illicit and/or impairing substance, or my failure to submit to a drug screen as directed, will preclude me from consideration for employment with Topeka Metro for a period of one (1) year.

If hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company official or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. Topeka Metro is an Equal Opportunity Employer, including ADA and vets.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by CSC, or discharge from employment if already hired.

My signature acknowledges that I have read and agree to the above statements and affirmations.						
	Signature:		Date:			

Topeka Metro Dispatch Clerk and CSS