



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:	
SOCIAL SECURITY NO.:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME/PRIMARY PHONE NO.:		Alternate Phone No.:		Email Address:	
CURRENT STREET ADDRESS:			CITY:		STATE:
					ZIP CODE:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			State:		License No.:
DL Classification: <input type="checkbox"/> Regular/Class C <input type="checkbox"/> CDL/Class A <input type="checkbox"/> CDL/Class B					Expiration Date:

APPLICATION / EMPLOYMENT STATUS

Date of application:		Prior position(s) and date(s) of employment with Topeka Metro:	
List any individuals who referred you to this organization for employment:		Job position and/or type of work for which you are applying:	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		Desired wage/salary:	
Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work:	

EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		YES	NO		
COLLEGE, TECHNICAL or OTHER		YES	NO		
MILITARY	Branch:	Start Date:		Training & Special Skills:	
		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:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:							

SECOND MOST RECENT EMPLOYER:

Start Date:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:							

THIRD MOST RECENT EMPLOYER:

Start Date:	Employer:			Phone:			
End Date:							
Immediate Supervisor:	Address:	City:	State:	Zip:			
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:				
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:				
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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**):

CRIMINAL RECORD

Note: A criminal record or conviction may not disqualify you from consideration for employment.
However, applicants will not be considered if inaccurate or untruthful information is provided in this section.

Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please complete this section in its entirety.		Are there any felony or misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide additional details here:	
Approx. Date	Location (List Court/Jurisdiction, if known):	Description of Charge(s):	Probation/Parole Officer (include name & phone number):

PERSONAL REFERENCES

Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
May we contact the above individuals for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please explain):			

ESSENTIAL JOB FUNCTIONS/DUTIES

The following functions may be essential requirements of the job position for which you have applied. Please rate your ability to perform the following functions and tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM)			
Knowledge of Topeka streets and locations with ability to read and understand maps and directions.		Knowledge of basic math skills and cash handling techniques.	
Ability to sit for long periods of time.		Follow multiple sets of instructions/orders simultaneously.	
Proficient in Microsoft Office Word and Excel, with the ability to learn scheduling software and other technology.		Ability to work in fast paced work environment and resolve problems in an efficient and responsible manner.	
Ability to hear and communicate clearly and effectively over a digital radio system and telephone.		Occasionally perform tasks not generally associated with your regular job duties (i.e. assist when short staffed).	
Flexible with the ability to work various shifts from 5am-7pm Monday-Saturday.		Communicate in a professional and courteous manner with employees and the general public.	

SKILLS AND EQUIPMENT EXPERIENCE

Licenses/Certifications and Special Training:	Date Acquired/Renewed:
Please provide details regarding specific skills relevant to this application :	

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:

CONSTELLATION SERVICE CO.	Phone: 785-271-5557 Email: employment@constellationservice.com	Business Hours: 8:00 am to 5:00 pm (Monday – Friday)
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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: _____