



|   |
|---|
| For Office use only:<br>Date Received: _____<br>Initials: _____<br>Applicant #: _____ |
|---|

**SEASONAL EMPLOYMENT APPLICATION**

**THIS APPLICATION MUST BE COMPLETED IN FULL, EVEN IF A RESUME IS ATTACHED.**

Thank you for your interest in employment with the City of Mission, Kansas. The City of Mission is an Equal Opportunity Employer. We consider all applicants on the basis of qualifications and job-related requirements and criteria, without regard to race, color, creed, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

Name (Last, First, M.I.): \_\_\_\_\_

Any others names by which you are known: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Desired position(s)—give exact title(s): 1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

Employment desired:  full-time  part-time  temporary, part-time Date available to begin work: \_\_\_\_\_

How did you learn about this position?  Advertisement—name of publication: \_\_\_\_\_

Friend  City employee—give name: \_\_\_\_\_  Walk-In  Recruiting Firm  Other: \_\_\_\_\_

List any current relatives employed by the City of Mission or serving in an official capacity: \_\_\_\_\_  
(e.g. serving on a Board/Commission or a member of the governing body)

**PLEASE REVIEW JOB DESCRIPTIONS BEFORE ANSWERING.** Are you able to perform the essential functions of each of the positions you listed?  Yes  No If “no”, please explain by position title:

If you are under 18 years of age, can you provide required work authorization?  Yes  No

Are you legally eligible to work in the United States and able to provide required documentation upon employment?  Yes  No

Have you ever had any job-related training in the United States military?  Yes  No If “yes”, please describe training, give dates, branch of military and any other information you feel would be helpful:

Have you ever been convicted of any criminal offenses other than minor traffic violations?  Yes  No  
If “yes”, please explain (attach additional paper if necessary):

(Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.)

Have you ever been employed by the City of Mission before?  Yes  No If "yes", complete the following:

Date(s) Employed

Position(s) Held

Reason for Leaving

**EDUCATION**

|                               | Name and Location of School | Course of Study | # of Years Completed | Diploma/Certificate/<br>Degree Received/Credit<br>Hours Completed |
|-------------------------------|-----------------------------|-----------------|----------------------|---|
| High School                   |                             |                 |                      |   |
| College or University         |                             |                 |                      |   |
| Vocational or Trade<br>School |                             |                 |                      |   |
| Graduate School               |                             |                 |                      |   |

**WORK HISTORY**

**Start with your present or most recent employment and provide ALL information requested.**

|   |                    |                                   |                |
|---|--------------------|-----------------------------------|----------------|
| Name of Employer:   |                    | Telephone number, with area code: |                |
| Complete address, including street city, state & zip code:  |                    | Supervisor's name and title:      |                |
| Dates employed<br>From: month/day/year  | To: month/day/year | Starting salary:                  | Ending salary: |
| Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each: |                    |                                   |                |
| Reason for leaving:   |                    |                                   |                |

|   |                    |                                   |                |
|---|--------------------|-----------------------------------|----------------|
| Name of employer:   |                    | Telephone number, with area code: |                |
| Complete address, including street city, state & zip code   |                    | Supervisor's name and title:      |                |
| Dates employed<br>From: month/day/year  | To: month/day/year | Starting salary:                  | Ending salary: |
| Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each: |                    |                                   |                |
| Reason for leaving:   |                    |                                   |                |

|   |                    |                                   |                |
|---|--------------------|-----------------------------------|----------------|
| Name of employer:   |                    | Telephone number, with area code: |                |
| Complete address, including street city, state & zip code:  |                    | Supervisor's name and title:      |                |
| Dates Employed<br>From: month/day/year  | To: month/day/year | Starting salary:                  | Ending salary: |
| Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each: |                    |                                   |                |
| Reason for leaving:   |                    |                                   |                |

|   |                    |                                   |                |
|---|--------------------|-----------------------------------|----------------|
| Name of employer:   |                    | Telephone number, with area code: |                |
| Complete address, including street city, state & zip code:  |                    | Supervisor's name and title:      |                |
| Dates employed<br>From: month/day/year  | To: month/day/year | Starting salary:                  | Ending salary: |
| Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each: |                    |                                   |                |
| Reason for leaving:   |                    |                                   |                |

Do you authorize inquiry about you from your present employer?  Yes  No If no, please explain: \_\_\_\_\_

What is your desired salary range or minimum salary requirement? \_\_\_\_\_

List any special certifications, courses, training, seminars or military experiences that would enable you to perform the duties of the position for which you are applying:

Provide any additional information you feel may be helpful to us in considering your application:

**APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT**

**Any questions regarding this Acknowledgement and Agreement or the Employment Application should be directed to the City Clerk BEFORE signing. This Employment Application will be given every consideration, if its receipt and acceptance does not imply or guarantee that the applicant will be employed by the City of Mission.**

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this Employment Application, including previous employment, as may be necessary in arriving at an employment decision. I hereby release the City of Mission from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I also release from all liability anyone supplying such information and release the City of Mission from all liability that might result from making an investigation.

I understand that the falsification, misrepresentation or omission of facts on this Employment Application, or any other accompanying or required documents, will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I will provide all documentation as proof of educational, training or certification requirements.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the City of Mission is of an "at-will" nature, which means that the employee may resign at any time and the City of Mission may terminate the employee at any time, with or without cause or notice. I understand that any employment offered is for an indefinite duration. It is further understood that this "at-will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by the Mayor, with the approval of the City Council.

If employed, I agree to submit to a drug and alcohol test at any time deemed appropriate by the City and as permitted by applicable law. I consent to such tests, and I request that the results of such tests be disclosed to the City, which the City shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon a negative drug and/or alcohol test.

I understand that should an employment offer be extended to me and accepted by me, that I will fully adhere to the policies, rules and regulations of employment of the City of Mission. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I further understand that no representation, whether oral or written by any representative or agent of the City of Mission, at any time, can constitute a contract of employment. I understand that my employment will be contingent upon signing the Acknowledgement Page of the Personnel Policy and Guidelines Manual.

I understand that the City of Mission and its executives shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. **NO EMPLOYMENT WITH THE CITY OF MISSION IS "PERMANENT"**. Therefore, no representative or agent of the City of Mission has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment, or to make any agreement contrary to the foregoing, other than in a document signed by the Mayor, with the approval of the City Council.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Mission. I understand this decision is to rest with the City of Mission.

If employed, I agree to hold in strictest confidence any information concerning the City of Mission, its citizens, employees and agents.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this Employment Application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **BACKGROUND CHECK REQUEST & CONSUMER AUTHORIZATION**

- I. I hereby state that I am a prospective employee and authorize this company or its agent(s) to obtain my abstract of driver record from the appropriate state agency, to be used exclusively by said company to determine whether I should be employed to operate a motor vehicle upon the public highways of the state and or for purpose of underwriting insurance in connection with such employment.
- II. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: driving record, court record, education, credentials, credit, and references.
- If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- III. Medical information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. I have been given a copy of "A Summary of Your Rights under the Fair Credit Reporting Act."
- IV. I acknowledge that a telephonic facsimile (FAX), photographic, or electronic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. I authorize this company or agent to use electronic means, such as email, to communicate the contents of this release or report to company or agent.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ACS Data Search or its agent, to furnish the information described in Section 1. I further understand that all information reports will remain the property of ACS Data Search.

Signed: \_\_\_\_\_

*Applicant Signature*

Date: \_\_\_\_\_

Send with ACS long or short application for employment

From: **City of Mission**

Client#: 2515

APPLICANT- PLEASE COMPLETE ALL FIELDS.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Name: \_\_\_\_\_  
*Last Name* *Full First Name* *M.I.* *Jr., Sr., Etc*

Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ (For ID purposes only)

1) Current Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2) Previous Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3) Previous Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

4) Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Address on Driver's License: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_  
*Last Name* *First Name* *M.I.* *Jr., Sr., Etc*

5) Have you ever been convicted of a criminal offense: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what was the offense? \_\_\_\_\_ Please circle: Felony Misdemeanor

Conviction City \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

Date of Conviction: (Mo / Yr) \_\_\_\_\_

**Signed:** \_\_\_\_\_  
*Applicant Signature*

**Date:** \_\_\_\_\_

ACS Fax To: (913) 649-1882 [www.acsdatasearch.com](http://www.acsdatasearch.com) Phone Number: (913) 649-1771  
(800) 521-4632 (800) 521-9082

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

CLIENT: If you have more than one package set up please circle the package you are ordering:

GOOD BETTER BEST

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.
- **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| FOR QUESTIONS OR CONCERNS REGARDING:  | PLEASE CONTACT:  |
|---|--|
| CRAs, creditors and others not listed below   | Federal Trade Commission<br>Consumer Response Center - FCRA<br>Washington, DC 20580<br>1-877-382-4367 (Toll-Free)          |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219<br>800-613-6743  |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551<br>202-452-3693                  |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington, DC 20552<br>800-842-6929                                  |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314<br>703-518-6360                           |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Division of Compliance & Consumer Affairs<br>Washington, DC 20429<br>800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590<br>202-366-1306                     |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator - GIPSA<br>Washington, DC 20250<br>202-720-7051                |

**City of Mission**  
**CANDIDATE REFERENCE CHECK FORM #1**

Please **COMPLETE ALL YELLOW AREAS** and turn in with application.

|  |                  |
|--|------------------|
| Date:  |                  |
| Candidate:   |                  |
| Reference Name:  |                  |
| Reference Daytime Phone:   | Reference Email: |
| Reference's current position:  |                  |
| Reference's past/present relationship with Candidate:  |                  |
| Strength areas of Candidate:   |                  |
| Improvement areas for Candidate:   |                  |
| Candidates success in the following areas: (please rank 1-5):<br>_____ Accuracy and detail orientation<br>_____ Follow-through<br>_____ Technical knowledge<br>_____ Achieving goals<br>_____ Work Ethic<br>_____ Attendance |                  |
| Would you work with/for this candidate again?  |                  |
| How is this candidate perceived by subordinates/peers/managers?  |                  |
| What other aspects of the candidate's career should we understand to best manage this candidate?   |                  |

**City of Mission**  
**CANDIDATE REFERENCE CHECK FORM #2**

Please **COMPLETE ALL YELLOW AREAS** and turn in with application.

|  |                  |
|--|------------------|
| Date:  |                  |
| Candidate:   |                  |
| Reference Name:  |                  |
| Reference Daytime Phone:   | Reference Email: |
| Reference's current position:  |                  |
| Reference's past/present relationship with Candidate:  |                  |
| Strength areas of Candidate:   |                  |
| Improvement areas for Candidate:   |                  |
| Candidates success in the following areas: (please rank 1-5):<br>_____ Accuracy and detail orientation<br>_____ Follow-through<br>_____ Technical knowledge<br>_____ Achieving goals<br>_____ Work Ethic<br>_____ Attendance |                  |
| Would you work with/for this candidate again?  |                  |
| How is this candidate perceived by subordinates/peers/managers?  |                  |
| What other aspects of the candidate's career should we understand to best manage this candidate?   |                  |

**City of Mission**  
**CANDIDATE REFERENCE CHECK FORM #3**

Please **COMPLETE ALL YELLOW AREAS** and turn in with application.

|  |                  |
|--|------------------|
| Date:  |                  |
| Candidate:   |                  |
| Reference Name:  |                  |
| Reference Daytime Phone:   | Reference Email: |
| Reference's current position:  |                  |
| Reference's past/present relationship with Candidate:  |                  |
| Strength areas of Candidate:   |                  |
| Improvement areas for Candidate:   |                  |
| Candidates success in the following areas: (please rank 1-5):<br>_____ Accuracy and detail orientation<br>_____ Follow-through<br>_____ Technical knowledge<br>_____ Achieving goals<br>_____ Work Ethic<br>_____ Attendance |                  |
| Would you work with/for this candidate again?  |                  |
| How is this candidate perceived by subordinates/peers/managers?  |                  |
| What other aspects of the candidate's career should we understand to best manage this candidate?   |                  |

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## 2017 SEASONAL SUPPLEMENTAL APPLICATION

### Mission Summer Camp & Tween 'N Teen Summer Camp

Please complete this form, sign and attach it to your application.

#### I. JOB INTEREST:

A. Please Select The Positions You Are Interested In *(Please rank 1-4)*:

- |  |  |
|--|--|
| <input type="checkbox"/> Mission Summer Camp (Ages 5-10) | <input type="checkbox"/> Teen Summer Camp (Ages 10-15) |
| ____ Camp Director                                       | ____ Camp Director                                     |
| ____ Assistant Director                                  | ____ Assistant Director                                |
| ____ Head Counselor                                      | ____ Head Counselor                                    |
| ____ Counselor   | ____ Counselor   |

#### II. SUMMER WORK SCHEDULE:

A. Please Complete The Following Information About Your Possible Work Schedule:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
|                                    | ____ 7:30am-1:30pm                 |
|                                    | ____ 11:30am-6:00pm                |

B. Vacations and Other Obligations:

- I can work the entire Summer Program  
This Includes Training (May 19-June 2 from 8-4pm, dates & times subject to change)  
and Summer Programs (June 6-August 5).
- I cannot work the entire Summer Program. I cannot attend...  
\_\_\_\_ Training (May 19-June 2)      \_\_\_\_ Summer Program (June 5-August 4)
- Yes, I need the following dates off this Summer:

#### III. SUPPLEMENTAL INTERVIEW QUESTION:

A. Please bring an age appropriate activity for the camp that you are applying for and be prepared to explain the activity and the steps you would take to implement them. If you receive an interview, this question will be asked of you.

I understand that by filling out the information above that I am not guaranteed a position. I understand that this information will be used to set my summer schedule and that any requests for time off after this information is complete will require me to possibly find a substitute.

---

Signature

Date