



# Job Application

**Date of Application**

**Position Applying For**

**Employment Type**

|  |  |   |
|--|--|---|
|  |  | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
|--|--|---|

**Personal Information**

|  |  |  |
|--|--|--|
| Full Name  |  |  |
| Address  |  |  |
| Phone  | Email  | Have you ever been employed here?                        |
| Are you at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes | Are you at least 16 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| What day would you be available to start work?   |  |  |

**Educational Background**

| School / College | Year of Graduate | Grade | City |
|------------------|------------------|-------|------|
|                  |                  |       |      |
|                  |                  |       |      |
|                  |                  |       |      |

**Employment History**

| Company | Position | Year | Reason for Leaving |
|---------|----------|------|--------------------|
|         |          |      |                    |
|         |          |      |                    |
|         |          |      |                    |

**Skills & Training**

| Skill & Training Achievement(s) | Level | Year | Institute |
|---------------------------------|-------|------|-----------|
|                                 |       |      |           |
|                                 |       |      |           |
|                                 |       |      |           |

Attach your resume to this job application form if applicable.  
 Send it via email or hand it to the Front Desk at 632 E. Mulvane St. Mulvane, KS 67110

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that , if employee, falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein, as well as the employers and references, to give you all information concerning my previous employment and any pertinent information that may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.
- I also understand and agree that no representative of the Mulvane Recreation Commission (MRC) has any authority to enter into a agreement for employment contrary to the foregoing unless it is in writing and signed by an authorized MRC representative.
- The waiver does not permit the release or use of disability related or medical information in a manner prohibited by The American with Disabilities ACT (ADA) and other relevant federal laws.

|  |  |
|--|--|
|  |  |
|--|--|

Signature

Date