Name (as it appears on Social

Application for Employment Pre Employment Questionnaire Board of Public Utilities * PO Box 768 * McPherson, Kansas 67460 Equal Opportunity Em

First

Last

Equal Opportunity Employer



Middle Initial

Security Card)								
Address								
City, State, Zip								
Telephone Number								
Referred By								
Position Applied For								
Are you authorized to work in the United States?		Yes No						
FDUCATION								
EDUCATION Level		School Name/Location	Number of		Degree			
Levei		oction Name/Location	Years Completed	Graduated Yes/No	Degree			
High School								
Community/Jr. College								
Business or Technical School								
College/University								
GENERAL INFORMAT	ION			•				
Subjects of Special Study/F Work or Special Training S		h						
Military Service – Dates of Service Discharge Rank & Date								
Have you ever applied to E	BPU for	employment?						
Do you have any relatives	that wo	ork for BPU?						
		a misdemeanor other than a crime involved, jurisdiction/	a minor traffic violation or con location, & disposition):	victed of a felony	y? If so, please explain			
Note: Criminal convictions will not necessarily disqualify an applicant for employment								

Date Employed (month and year)	Employer and Supervisor Name	Salary Posit		on	Reason fo	leason for Leaving	
From							
То							
From							
То							
From							
То							
From							
То							
REFERENCES		-					
Name	Address		Phone	Relationship		Years Known	
AUTHORIZATION							
I hereby authorize you to		sent Employer(s vious Employer(□ No □ No			
that withholding pertine		tting false or m	isleading infor	mation on this	application,	my resume, or	
during interviews or at further consideration for							
further understand and erminated.							
I understand that by	submitting this applica		•		•		
acceptance of this app understand my employn							
terminated by the organ	ization at any time for a	any reason. An	y changes to t	his at-will emp	oloyment agre	ement will not	
be valid unless in writing does not permit the rele	ase or use of disability-	related or medi	cal information				
with Disabilities Act (ADA	A) and other relevant fed	deral and state	laws.				
Signature of Applicant				Dat	e		
orginatare of Applicant							
EMPLOYER INFORMATION INTERVIEWED By:	IION		ate				
Department	S	Starting Wage and Date					
Comments							