SOLDIER TOWNSHIP

ROAD & ADMIN DEPARTMENTS
334 NW 62nd St., Topeka, KS 66617

FIRE DEPARTMENT
600 NW 46th St., Topeka, KS66617

EMPLOYMENT APPLICATION

Reset Form

Legal Full Name:	
Nickname (if any):	Other Aliases:
Phone:	Email:
Please select the Department you are applying for: ◯ ADMIN ◯ FIRE ◯ ROAD	

PERSONAL INFORMATION

Street Address:	Apartment/ Unit #:	PO Box:
City:	State:	ZIP:
Date of Birth:	Social Security:	
Driver's License #:	License Class:	
State Issued:	Expiration:	

EMPLOYMENT

Desired Position / Department:	Date Available:
Employment Type: ◯ Full-time ◯ Part-time ◯ Temporary / Seasonal ◯ Volunteer	
Have you ever worked for Soldier Township in the past?	◯ YES ◯ NO
If yes, what position(s) and department?	Dates of employment:
Are you currently serving in the military, including active duty or reserves?	◯ YES ◯ NO

ELIGIBILITY

Are you a citizen of the United States?	◯ YES ◯ NO
If not, are you authorized to work in the United States?	◯ YES ◯ NO
Do you have a valid CDL?	◯ YES ◯ NO

Please list any license endorsements (if any):

Are you willing to submit to a pre-employment drug test?	◯ YES ◯ NO
Are you willing to submit to a pre-employment physical?	◯ YES ◯ NO
Are you willing to submit to a background check?	◯ YES ◯ NO
Have you ever been convicted of a felony?	◯ YES ◯ NO

If yes, please list the felony(s) and year in which you were convicted.

Are you currently on probation, corrections, or parole?	◯ YES ◯ NO
Do you have any accidents or violations on your driving record in the last 5 years?	◯ YES ◯ NO

If yes, please list the accidents and violations, and the date of occurrence.

EDUCATION

School Name	Location (City, State)	Course of Study	Level of Education (Degree, Diploma, GED)

TRAINING & CERTIFICATIONS

Training / Certificate Name	Issuing Organization	Date Obtained

MILITARY SERVICE

Branch:	**Dates of Service:**
Rank:	**MOS:**

Civilian Equivalent of MOS:

Type of Discharge:

If discharge was dishonorable or due to bad conduct, please explain.

WORK HISTORY

Employer:	**Supervisor:**
Address: City State	**Phone:**
Job Title:	**Ending Pay:**
Dates of Employment: From (Month, Year)	To (Month, Year)
Reason for Leaving:	
May we contact your previous employer?	◯ **YES** ◯ **NO**

Employer:	**Supervisor:**
Address: City State	**Phone:**
Job Title:	**Ending Pay:**
Dates of Employment: From (Month, Year)	To (Month, Year)
Reason for Leaving:	
May we contact your previous employer?	◯ **YES** ◯ **NO**

Employer:	**Supervisor:**
Address: City State	**Phone:**
Job Title:	**Ending Pay:**
Dates of Employment: From (Month, Year)	To (Month, Year)
Reason for Leaving:	
May we contact your previous employer?	◯ **YES** ◯ **NO**

Employer:	**Supervisor:**
Address: City State	**Phone:**
Job Title:	**Ending Pay:**
Dates of Employment: From (Month, Year)	To (Month, Year)
Reason for Leaving:	
May we contact your previous employer?	◯ **YES** ◯ **NO**

REFERENCES

Name:	**Relationship:**
Phone:	**Email:**
Address: Street City State	
Company:	**Job Title:**

Name:	**Relationship:**
Phone:	**Email:**
Address: Street City State	
Company:	**Job Title:**

Name:	**Relationship:**
Phone:	**Email:**
Address: Street City State	
Company:	**Job Title:**

ACKNOWLEDGMENT STATEMENT

This application form is intended solely for the evaluation of your qualifications for employment. It does not constitute an employment contract. Please ensure all questions are answered fully and accurately. Any false or misleading statements, either during the interview process or on this form, may result in termination of the application process or, if discovered after employment, termination of employment.

You acknowledge that any false information, omissions, or misrepresentations may result in rejection of your application or termination of employment at any time. You authorize the company and/or its agents, including consumer reporting bureaus, to verify this information. Additionally, you authorize former employers, educational institutions, companies, and law enforcement authorities to release any information regarding your background, releasing them from liability for issuing such information.

All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction does not automatically disqualify an applicant from employment. Additionally, testing related to job-specific skills and drug presence in your body may be required before employment.

Upon receiving an offer of employment, you may be required to undergo a medical review. Depending on company policy and job requirements, this may include completing a medical history form and examination by a designated medical professional.

You understand and agree that the use of illegal drugs is prohibited during employment. Should company policy necessitate it, you consent to drug testing to detect illegal drug use prior to and during employment.

By signing this application, you certify that the information provided, and statements made are complete and true to the best of your knowledge and belief.

Applicant Signature:	**Date:**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Soldier Township and its designated agents to conduct a thorough background investigation, including but not limited to:

- Verification of all information provided in my application and resume,
- Verification of past employment history,
- Checking of educational credentials,
- Review of any criminal records,
- Checking of motor vehicle records (if applicable), and
- Any other relevant checks deemed necessary for the purpose of evaluating my suitability for employment.

I authorize all individuals, schools, companies, law enforcement agencies, and other entities to release any information requested by Soldier Township or its agents, including consumer reporting agencies. I release them from any liability and waive any claim for damages that may result from the release of such information.

I understand that this information will be used solely for employment purposes and agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Applicant Signature:	**Date:**

DRUG TESTING POLICY

Statement of Policy
Soldier Township is dedicated to maintaining a safe, drug-free workplace for all employees and the general public. We prioritize the safety and well-being of our workforce, and our Drug and Alcohol Testing Program reflects our commitment to this goal.

Drug Testing for Applicants: All applicants for safety-sensitive positions who receive a conditional offer of employment must undergo a drug test to confirm they are drug-free. Refusal to take the test will be treated as if the applicant tested positive, resulting in disqualification from employment. Applicants with a confirmed positive drug test result will have their employment offer withdrawn and will be disqualified from further consideration. Such applicants will also be referred to a Substance Abuse Professional (SAP) for evaluation and support.

Reimbursement for Retests: If an applicant receives a verified positive result and requests a retest of the split sample, they must agree to pay $150 for the retest. This fee will be collected before the retest is conducted. Should the retest result in a negative finding, the fee will be refunded.

Support and Assistance: For applicants who test positive, Soldier Township provides access to a SAP, who will offer guidance and support. This includes information about available treatment programs and recovery resources. The SAP will work with the applicant to develop a plan for returning to a drug-free state.

Affirmation of Policy
By signing below, I acknowledge that I have read and understand Soldier Township's Drug and Alcohol Testing Policy. I am aware that any offer of employment is contingent upon my completion of a drug test and the results thereof. Should I be employed by Soldier Township, I agree to comply with all provisions of the anti-drug policy as a condition of my continued employment.

Applicant Signature:	**Date:**