



SUMMER HIRING APPLICATION

WHITEWATERKS.GOV

Applicant Information

Full Name: _____ Date Of Birth: _____

Address: _____

Phone: _____ Email: _____

Drivers License: Yes No

Education

Completed Level of Education: _____

Place of Education: _____

Contact for Place of Education: _____ Phone: _____

Previous Employment

Previous Employment: _____

Job Description: _____

Employer Contact: _____ Phone: _____

Skills & Experience:

List Any Special Skills, Training or Certifications: _____

CITY OF WHITEWATER

201 S. Elm Street • PO Box 149 • Whitewater, Kansas 67154
316-799-2445 • fax 316-799-2016 • cityclerk@whitewaterks.gov
WHITEWATERKS.GOV