

# APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability or other protected classification.

**If you need any assistance in completing this form please let us know.**  
**(PLEASE PRINT)**

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (see attached Job Description(s))

PERSONAL INFORMATION			
Name (First)	(Middle)	(Last)	Home Telephone Number _____
Home Address (Street)	(City)	(State)	(Zip)
Business or Message Number _____			
Are you a U.S. citizen or are your authorized by the INS to work in this county?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security Number _____
Are you over 18 years old? If you are under 18 can you furnish a work permit?	<input type="checkbox"/>	<input type="checkbox"/>	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/>
Have you ever been convicted of a felony? <i>Conviction will not necessarily disqualify an applicant from employment</i>	<input type="checkbox"/>	<input type="checkbox"/>	Please Specify _____
	<b>YES</b>	<b>NO</b>	<b>If yes, give date</b>
Have you ever filed an application with this county?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been employed by this county before?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any relatives currently working for the county?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to work overtime if required?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you travel if the job requires it?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you capable of performing, with or without a reasonable accommodation, the essential functions involved in the job for which you have applied?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a valid Kansas driver's license if the job requires it?	<input type="checkbox"/>	<input type="checkbox"/>	
Driver's License Number: _____ Class of CDL Designation: _____			
On what date would you be available for work? _____			
Are you available to work: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> shift work <input type="checkbox"/> temporary			

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT EXPERIENCE

Start with your present or last job through your last four employers. Please include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, age, color, religion, sex, national origin, disability or other protected status.

<b>1</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>2</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>3</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>4</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## EDUCATION AND SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School		XXXXXXXXXXXXXXXXXXXX		
College/Univ.				
College/Univ.				

Other Training/Education

Please give any additional information you feel would be helpful in evaluating your qualifications for employment.

Describe any specialized training, apprenticeship and skills, including military experience which may be useful in performing this job.

### PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I acknowledge that I have been given a copy of the job description for the position for which I am applying and that I am able to perform the essential functions of the job, with or without a reasonable accommodation.

I understand that this application is active for 30 days and does not constitute a contract. I further understand and agree that my employment is for no definite period of time and may, be terminated at any time, with or without cause, with or without notice, at the option of either the county or myself.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

