

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 Applied For _____ Date of Application _____
(see attached job description)

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)	Home Telephone Number
Home Address (Street)	(City)	(State)	(Zip)
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 19 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 _____

	YES	NO	If yes, give date
Have you ever filed an application with this organization?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been employed by this organization before?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any relatives currently working for this organization?	<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 of 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: full-time part-time shift work temporary

EMPLOYMENT EXPERIENCE

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

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

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

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

4	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				
College/Univ.				
College/Univ.				

Other Training/Education

Indicate any foreign languages you can speak, read or write

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

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

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Position(s) Considered For: _____

Date: _____

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 am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

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

Signature _____ Date _____

Arrange Interview YES NO

Remarks: _____

Interviewer: _____ Date: _____

Employed YES NO Date of Employment: _____

Job Title: _____ Hourly Rate/
Salary _____

Department _____

By: _____
NAME AND TITLE DATE