

# Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, national origin, sexual orientation, citizenship status, pregnancy, veteran status, disability or any other legally protected status.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?  Advertisement  Relative  Inquiry  
 Employee Agency  Friend  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Best time to contact you: \_\_\_\_\_:\_\_\_\_\_ AM/PM

Have you every filed an application with us before?  yes  no

If yes, give date \_\_\_\_\_

Have you ever been employed by us before?  yes  no

If yes, give date \_\_\_\_\_ Prior Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do any of your friends or relatives work here?  yes  no

If yes, list any and how related \_\_\_\_\_

Are you currently employed?  yes  no

May we contact your present employer?  yes  no

Are you authorized to work in the United States?  yes  no

*Proof of work authorization through the I-9 process will be required upon employment*

Date available to work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work: Full Time (Please indicate 1st 2nd 3rd shift)  
Part Time (Please indicate mornings afternoons evenings)  
Temporary (Please indicate dates available \_\_\_\_\_ to \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  yes  no

Can you travel if a job requires it?  yes  no

Do you have a valid driver's license?  yes  no

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Driver's License Expiration Date \_\_\_\_\_

Type of Driver's License:

Operator Class C \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_

Have you ever been convicted of a crime?  yes  no

If yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were admitted, and sentence(s) imposed and type(s) of rehabilitation.

---

---

---

---

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question and the nature and age of the criminal offense and its disposition

## Education

	Name & Address of School	Course of Study	Number of Years	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

---

---

---

---

Describe any job related training received in the United States Military:

---

---

---

---

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin, disabilities or other protected status.

---

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  yes  no

---

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  yes  no

---

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  yes  no

---

If you need additional space, please continue on a separate sheet of paper

## List professional, trade, business or civic activities and offices held

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

---

---

---

---

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

---

---

---

---

### Specialized Skills (Check Skills / Equipment Operated)

Machinery (list)

Other (list)

\_\_\_\_ Terminal

\_\_\_\_ Spreadsheet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ PC/MAC

\_\_\_\_ Word Processing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Typewriter

\_\_\_\_ Shorthand

\_\_\_\_\_

\_\_\_\_\_

WPM \_\_\_\_\_

WPM \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application

---

---

---

---

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  yes  no

### References

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date

I understand that prior to my employment I may be required to provide a sample for drug and alcohol testing and my employment is contingent on the results of that testing

---

Signature of Applicant

---

Date



**ACCOMMODATIONS:** The Americans with Disabilities Act of 1990 ensures you the right to employment, with Cloud County, Kansas. Arrangements will be made if you have a disability that requires an accommodations for completing an application form, interviewing or any other part of the employment process. It is your responsibility to make your needs known to the County Clerk at 785-243-8110 or the agency to which you are applying.

**OFFER OF HIRE AUTHORIZATION OF INFORMATION**

By signing this document, I authorize Cloud County, Kansas, to use my social security number and/or date of birth to conduct the necessary background checks, and for use on the pre-employment documents for the necessary drug & alcohol tests. I also understand that by providing this information, it does not constitute employment with Cloud County, Kansas, until necessary checks and test have come back in positive form, and I have been contacted by Cloud County, Kansas, of the fact that I have been chosen for the position that I have applied for.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date