

# 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)

<b>PERSONAL INFORMATION</b>			
Name (First)	(Middle)	(Last)	Home Telephone Number
Home Address (Street)	(City)	(State)	(Zip)
Are you a U.S. citizen or are you authorized By the INS to work in this country?			Social Security Number
Are you over 18 years old? If you are under 19, can you furnish a work permit?			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>			Please Specify _____
Have you ever filed an application with this organization?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Have you ever been employed by this organization before?		<input type="checkbox"/>	If yes, give date _____
Do you have any relatives currently working for this organization?		<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: <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 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			

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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		<del> </del>	<del> </del>	
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

Positions(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: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview:  YES  NO

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed:  YES  NO Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/  
Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_  
NAME AND TITLE DATE



## ADDITIONAL INFORMATION

**Other Qualifications:**

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

**Specialized Skills:**

List other skills and/or equipment operated.

Office Skills/Training	Machinery/Equipment Training

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.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES       NO

**References:**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_ (Address)

## IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

**OR** one from List A and one from List B:

**LIST A**            These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

**LIST B**            These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.**