

# APPLICATION FOR EMPLOYMENT MEADE COUNTY

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) (Telephone Number)

\_\_\_\_\_  
Home Address (Street) (City) (State) (Zip Code)

Are you a citizen of the United States?  Yes  No

Are you authorized by INS to work in this country?  Yes  No

Are you over 18 years old?  Yes  No

If you are under 18 can you furnish a work permit?  Yes  No

\_\_\_\_\_  
Have you ever been convicted of a felony?  Yes  No

**Conviction will not necessarily disqualify an applicant from employment**

Have you ever filed an application with this county?  Yes  No **If yes, give date** \_\_\_\_\_

Have you ever been employed by this county?  Yes  No \_\_\_\_\_

Do you have any relatives currently working for the county?  Yes  No **If yes, give name** \_\_\_\_\_

May we contact your present employer?  Yes  No

Are you willing to work overtime, if required?  Yes  No

Are you capable of performing, with or without a reasonable accommodation, the essential functions involved in the job for which you have applied?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  full-time  part-time  shift-work

Do you have a current Kansas Driver's License?  Yes  No **If yes, give number** \_\_\_\_\_

Do you have a current CDL License?  Yes  No \_\_\_\_\_

**CDL Designation** \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Provide the names/address of your last (4) employers starting with the most recent. Please include any job-related, military service and volunteer activities. You may exclude organizations, which indicate race, religion, sex, national origin, disability or other protected status.

<hr/> <b>Employer Name</b>	<hr/> <b>Dates Employed (From-To)</b>	<hr/> <b>Work Performed</b>
<hr/> <b>Address</b>		
<hr/> <b>Telephone Number(s)</b>		
<hr/> <b>Job Title</b>	<hr/> <b>Supervisor Name</b>	
<hr/> <b>Reason for Leaving</b>		

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<hr/> <b>Reason for Leaving</b>		

**EDUCATION AND SPECIAL SKILLS**

EDUCATION	NAME/LOCATION OF SCHOOL	GRADUATED (Yes) (No)	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL			N/A	
COLLEGE/UNIV				
COLLEGE/UNIV				

Other Training/Education:

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

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

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(Attach additional sheets if necessary)

**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, regulations and policies 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 reasonable accommodation.

I understand that this application 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 \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Arrange Interview  Yes  No

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

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

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

Employment Offer Made:  Yes  No

Employment Offer Accepted  Yes  No

Start Date: \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Testing Required: Medical  Yes  No  
Clerical  Yes  No  
Other  Yes  No

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

NOTES:

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