

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Position Applied For _____ Date of Application _____

Days/Hours Available

_____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Th. _____ Fri. _____ Sat.

Hours Available: from _____ to _____ What date are you available to start work? _____

_____ Full Time _____ Part Time _____ Temporary

Who referred you to us?

_____ Agency _____ Employee _____ Ad _____ Other, please specify _____

PERSONAL INFORMATION:

Full Name: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ SSN: _____

Are you over 18 years old? _____ Yes _____ No

Have you ever been convicted of or charged with a felony or misdemeanor? _____ Yes _____ No

If yes, please explain:

Conviction will not necessarily disqualify an applicant from employment.

Have you ever filed an application with this organization? _____ Yes _____ No If yes, give date _____

Have you ever been employed by this organization before? _____ Yes _____ No If yes, give date _____

Do you have any relatives currently working for this organization? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

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

Can you travel if the job requires it? _____ Yes _____ No

Are you capable of performing, with our without reasonable accommodation, the essential functions of the job for which applied? _____ Yes _____ No

Do you have a valid Kansas driver's license of the job requires it? _____ Yes _____ No

Drivers License Number: _____ Class of CDL Designation: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Name and Address of School **Major Degree/Diploma** **Years Completed**

High School:

College/University:

College/University:

Other Education:

Indicate any foreign languages you can speak, read or write: _____

EMPLOYMENT/WORK EXPERIENCE:

Start with your present or most recent position. Include military service assignments and other volunteer activities. Exclude organization names that indicate race, color, religion, sex, national origin, disability, or other protected status.

Employer: _____

Job Title: _____ **Supervisor** _____

Street Address _____

City/State/Zip _____

Telephone Number(s) _____ **Salary/Hourly Rate Starting \$** _____ **Final \$** _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From _____ **To** _____

Employer: _____

Job Title: _____ **Supervisor** _____

Street Address _____

City/State/Zip _____

Telephone Number(s) _____ **Salary/Hourly Rate Starting \$** _____ **Final \$** _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From _____ **To** _____

EMPLOYMENT/WORK EXPERIENCE CONTINUED:

Employer: _____

Job Title: _____ **Supervisor** _____

Street Address _____

City/State/Zip _____

Telephone Number(s) _____ **Salary/Hourly Rate Starting \$** _____ **Final \$** _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From _____ **To** _____

Employer: _____

Job Title: _____ **Supervisor** _____

Street Address _____

City/State/Zip _____

Telephone Number(s) _____ **Salary/Hourly Rate Starting \$** _____ **Final \$** _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From _____ **To** _____

REFERENCES: Please provide at least 3 references.

Name: _____

Company: _____

Position: _____

Street Address: _____

City/State/Zip _____ Phone: _____

Name: _____

Company: _____

Position: _____

Street Address: _____

City/State/Zip _____ Phone: _____

Name: _____

Company: _____

Position: _____

Street Address: _____

City/State/Zip _____ Phone: _____

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to be 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

Position(s) Applied for is Open _____ Yes _____ No

Position(s) Considered for: _____

_____ 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

