

# Application for Employment

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

PLEASE PRINT

Position(s) Applying for:	Date of Application:
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:

Last name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone Number(s):			

Best time to contact you:	Have you applied here before? Yes No
If yes, what date and department?: _____	
Have you been employed with the County before? Yes No If Yes, date:	
If yes, prior position and reason for leaving?	
Do you have friends or relatives who currently work for the County? Yes No	
If yes, list their names and how they are related:	
Are you currently employed? Yes No	
May we contact your current employer? Yes No	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Date you can start work:	Desired salary range:
Are you available to work? Full-Time Part-Time Temporary	
Please indicate desired shift: First Second Third	
If part-time or temporary indicate availability and dates:	
Are you currently on "lay-off" status and subject to recall? Yes No	

OTTAWA COUNTY, KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER

# Employment Experience

Start with your present or last employment. 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.

<b>First Company:</b>		
<b>Job Title:</b>	<b>Starting Salary: \$</b>	<b>Ending Salary: \$</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Responsibilities:</b>		
<b>From</b>	<b>To:</b>	<b>Reason for Leaving:</b>
May we contact your previous supervisor for a reference?    Yes    No		

<b>Second Company:</b>		
<b>Job Title:</b>	<b>Starting Salary: \$</b>	<b>Ending Salary: \$</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Responsibilities:</b>		
<b>From</b>	<b>To:</b>	<b>Reason for Leaving:</b>
May we contact your previous supervisor for a reference?    Yes    No		

<b>Third Company:</b>		
<b>Job Title:</b>	<b>Starting Salary: \$</b>	<b>Ending Salary: \$</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Responsibilities:</b>		
<b>From</b>	<b>To:</b>	<b>Reason for Leaving:</b>
May we contact your previous supervisor for a reference?    Yes    No		

<b>Fourth Company:</b>		
<b>Job Title:</b>	<b>Starting Salary: \$</b>	<b>Ending Salary: \$</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Responsibilities:</b>		
<b>From</b>	<b>To:</b>	<b>Reason for Leaving:</b>
May we contact your previous supervisor for a reference?    Yes    No		

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

List professional, trade, business or civic activities and offices held:
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Are you able to travel if required by the position?    Yes    No	
Do you currently have a valid driver's license?    Yes    No	
Driver's License Number:	Issuing State:
Driver's License Class/Type:	Driver's License Expiration Date:
Have you ever been charged or convicted of a felony or misdemeanor?    Yes    No	
If yes, please explain the number and nature of the charges/convictions; date of charge/conviction; the sentence imposed:	
<p><i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position in question and the nature and age of the criminal charges/offense and their disposition.</i></p>	

### Education

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

Describe any specialized training, apprenticeships, skills:

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

## Additional Information

Other Qualifications:

Specialized Skills

(Check skills / Equipment Operated)

Are you familiar with Microsoft Office Applications?    Yes    No

Do you have experience operating heavy machinery?    Yes    No

If yes, what type and rate your level of experience:

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

**NOTE TO APPLICANT:** 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 function of the job, for which you are applying, either with or without a reasonable accommodation?    Yes    No

## References

Last name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Telephone Number(s):

Last name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Telephone Number(s):

Last name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Telephone Number(s):

# APPLICANT'S STATEMENT

I certify that the answers given are true and complete.

I authorize investigation of all statement 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 not to exceed forty-five (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 even 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 may be subject to a physical examination by a qualified medical provider and my employment is contingent on the results of that testing.

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

\_\_\_\_\_  
Date

## FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for are open? <b>Yes</b> <b>No</b>			
Position(s) considered for:		Date:	
Interview <b>Yes</b> <b>No</b>	Interviewer:		
Hired <b>Yes</b> <b>No</b>	Date of employment:		
Job Title:	Hourly rate/salary:	Department:	
By: Name and Title:		Date:	

OTTAWA COUNTY, KANSAS  
OFFER OF HIRE  
AUTHORIZATION OF INFORMATION

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**DEPARTMENT HEAD: PLEASE PROVIDE A COPY OF THE EMPLOYMENT APPLICATION, AND AUTHORIZATION OF INFORMATION TO THE HUMAN RESOURCE'S DEPARTMENT TO BE FILED IN THE NEWLY HIRED EMPLOYEE'S PERSONNEL FILE.**