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? 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: _____

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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** _____

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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:_____

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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 herby 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

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Additional Department Notes:

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