

DECATUR COUNTY 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)

PERSONAL INFORMATION

Name (First) (Middle) (Last) Telephone Number

Home Address (Street) (City) (State) (Zip) Date of Birth

Are you a U.S. citizen or are you authorized by the INS to work in this county? **YES NO** Social Security Number

Are you over 18 years old? Who referred you to us?
If you are under 19 can you furnish a work permit? Agency Employee

Have you ever been convicted of a felony? Ad Other
Conviction will not necessarily disqualify an applicant from employment Please Specify

Have you ever filed an application with this organization? **YES NO If yes, give date**

Have you ever been employed by this organization before? _____

Do you have any relatives currently working for this organization? _____

Are you currently employed? _____

May we contact your present employer? _____

Are you willing to work overtime if required? _____

Can you travel if the job requires it? _____

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? _____

Do you have a valid Kansas driver's license if the job requires it? _____
Driver's License Number: _____ Class of CDL Designation: _____

On what date would you be available for work? _____
Are you available to work: full-time part-time shift work temporary

EMPLOYMENT HISTORY

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		<u>Dates Employed</u>	Work Performed
Address		From To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting/Final	Reason for Leaving

2 Employer		<u>Dates Employed</u>	Work Performed
Address		From To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting/Final	Reason for Leaving

3 Employer		<u>Dates Employed</u>	Work Performed
Address		From To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting/Final	Reason for Leaving

4 Employer		<u>Dates Employed</u>	Work Performed
Address		From To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting/Final	Reason for Leaving

EDUCATION AND SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School				
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 computers skills and/or classes which may be useful.

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

Applicant ----- Please include resume with application!

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 _____