



FRANKLIN COUNTY, KANSAS

APPLICATION FOR EMPLOYMENT

Franklin County is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, sex national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did You Hear About Us?

| | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Professional Publication | <input type="checkbox"/> Inquiry |
| <input type="checkbox"/> Internet/Web Posting | <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Other _____ |

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

| | |
|---------------------|------------------------------------|
| Telephone Number(s) | Social Security Number (Voluntary) |
|---------------------|------------------------------------|

| |
|---------------|
| Email Address |
|---------------|

Best time to contact you AM | PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___--___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|----------------------------|----------------------------|-----------------|---------------------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate College | | | | |
| Professional/ Trade School | | | | |
| Other (specify) | | | | |

MILITARY BACKGROUND. Describe any job-related training received in the United States military.

OTHER QUALIFICATIONS. Other skills, abilities, qualifications, certifications, specialized or technical training not previously listed that may be relevant to this position.

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|---|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

ADDITIONAL INFORMATION

SPECIALIZED SKILLS. Check all skills and list all equipment/machinery operated that may apply.

| | | Equipment/Machinery Operated (list) | Other (list) |
|--|---|--|--------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft PowerPoint | _____ | _____ |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft FrontPage | _____ | _____ |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> QuickBooks | _____ | _____ |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Driver's License Type _____ | _____ | _____ |

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

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Note to Applicants: 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 functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

REFERENCES

| | | |
|----|---------|---------------------|
| 1. | Name | Telephone Number(s) |
| | Address | |
| 2. | Name | Telephone Number(s) |
| | Address | |
| 3. | Name | Telephone Number(s) |
| | Address | |

APPLICANT'S STATEMENT

1. I authorize the investigation of all statements I entered on my application and certify that they are true and correct to the best of my knowledge. I understand that should investigation disclose material misrepresentation or falsification, my application may be disqualified, or if employed, my employment and all rights and privileges of my employment may be immediately terminated.
2. I understand that in order to determine my qualifications for positions I apply for it may be necessary to investigate my employment history, educational accomplishment, criminal history, and credit reports. I direct the custodian of these records to release this information to any authorization agent of the employing organization. I release any individual, institution, business or organization from any and all liability for damages which might arise from the release of pertinent information.
3. I understand that if the position I am applying for requires the operation of either employee or employer-owned motor vehicles I must maintain personal licensure appropriate to the vehicle and responsibilities of the position. Further, I authorize the employer to request and obtain Driver's License Records necessary to confirm my licensure and responsible driving history.
4. I understand that if offered employment, the offer may be contingent on my passing a pre-employment substance-abuse screen and a pre-employment medical/health examination. I voluntarily agree to submit to a pre-employment substance abuse and/or medical/health examination on request. I understand that failure to pass required substance abuse screens or medical/health examination may result in withdrawal of offer.

I have read, or have had read to me, the statements above and by my signature agree to these provisions.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Received By:

Forwarded To:

Date Received:

Date Forwarded: