

Are you legally eligible for employment in the United States? 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

Are you capable of performing, with or without reasonable accommodation,
the essential functions of the job for which you have applied? YES NO

Are you able to meet the attendance requirements? YES NO

Can you travel if required by this position? YES NO

Do you have a valid Kansas Driver's License if the job requires it? YES NO

Driver's License Number: _____ CDL Designation: _____

Have you ever been convicted of a felony? YES NO

If yes, list when, where and the nature of offense(s): _____

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question and the nature and age of the criminal offense and its disposition.

Education

High School Graduated/GED: YES NO
 If "NO" what is the highest grade completed? _____

List schools attended: High School, College or Business, Trades, Technical Training

NAME	LOCATION	TOTAL CREDIT HOURS	TYPE OF DEGREE, CERTIFICATE, DIPLOMA	MAJOR, COURSEWORK OR TYPE OF TRAINING

Comments: Include explanation of any gaps in employment/additional sheets or a resume may be attached.

Skills and Qualifications: Summarize any special training, skills, license, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

Military Service (If Applicable)

Branch: _____ Dates: _____
 Rank at Discharge: _____ Type of Discharge: _____

Employment History

Employer's Name: _____

Kind of Business: _____ Employer's Phone Number: _____

Employer's Address: _____

Your Job Title: _____ From: _____ To: _____

Hours Per Week: _____ Current Salary: _____

Supervisor's Name: _____

Duties: _____

Employer's Name: _____

Kind of Business: _____ Employer's Phone Number: _____

Employer's Address: _____

Your Job Title: _____ From: _____ To: _____

Hours Per Week: _____ Current Salary: _____

Supervisor's Name: _____

Duties: _____

Employer's Name: _____

Kind of Business: _____ Employer's Phone Number: _____

Employer's Address: _____

Your Job Title: _____ From: _____ To: _____

Hours Per Week: _____ Current Salary: _____

Supervisor's Name: _____

Duties: _____

References

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

I hereby authorize Clay County to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Clay County and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

The employer is an equal opportunity employer. The employer does not discriminate on employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that Clay County will not refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA. I understand that I may be asked to undergo a pre-employment drug screen, and I authorize the release of any job-related medical information from this examination/drug screen to Clay County. I understand that if this

examination/drug screen reveals the need for further examination, testing or treatment, such further examination, testing or treatment will be at my sole expense.

I understand my driving record may be reviewed. I understand I may be required to complete any pertinent testing (i.e. typing, ten key, written exams, physical ability testing) prior to offer of employment.

Completing an application does not imply you will be interviewed or hired. If you are offered employment, it may be necessary to pass a background investigation and drug screen. Equal access to programs, services and employment is available to all persons.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof within the required time shall result in immediate termination of employment.

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may void this application or subject me to discharge any at any time after employment.

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

DEPARTMENT USE ONLY

Arrange interview: YES NO

Interviewer: _____ Date: _____

Employed?: YES NO Date of Employment: _____

Job Title: _____ Hourly rate/salary: _____

Department: _____

By: _____ Date: _____

Name/Title: _____