

Employment Application for Kingman County, Kansas

POSITION FOR WHICH YOU ARE APPLYING

JOB

TITLE _____ **DEPARTMENT** _____

Return this application form to the **Human Resources office**; *do not return this form to any other location.*

PLEASE WRITE CLEARLY (OR TYPE) AND ANSWER ALL QUESTIONS

Social Security No. _____

(Optional) (If hired, you will need to supply.)

Name _____

Last

First

Middle

Address _____

Apt. #, Street

City

State

Zip Code

Telephone () _____ (Day) Message () _____

Email Address _____

Are you known to employers/references/schools by another name? If yes, name _____ No ___

Have you worked for Kingman County before or do you now? If yes, dates _____ No ___

Available to Start _____ Referral Source _____

Are you a citizen of the United States? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Do you have a valid / non suspended driver's license? Yes ___ No ___ (If applicable, CDL driver license? _____)

INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.

Educational Background (Attach copy of transcripts)

	Institution and City, State	Degree or Certificate Attained	Major Area of Study	Credit Hours or Academic Years Completed
High School/GED		High School/GED transcript not required		
College or University				
Graduate School				
Vocational, Technical, Business School				
Other Education				

Educational Licenses or Registrations (Attach copy of documents)

Type	License/Registration Number	Issuing Authority	Issue Date	Expiration Date

Work Experience – List your last three employers or last three positions, starting with the most recent. **Attach a summary or other pages if you want to include more positions.**

Month & Year From: _____ To: _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: ____ Ending Pay \$ _____ per ____
Title: _____ Duties: _____ _____ _____ _____			
Titles & number of employees you supervised, if any _____ Date you began supervising: _____			
Month & Year From: _____ To: _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: ____ Ending Pay \$ _____ per ____
Title: _____ Duties: _____ _____ _____ _____			
Titles & number of employees you supervised, if any _____ Date you began supervising: _____			
Month & Year From: _____ To: _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: ____ Ending Pay \$ _____ per ____
Title: _____ Duties: _____ _____ _____ _____			
Titles & number of employees you supervised, if any _____ Date you began supervising: _____			

Other employment (Account for all employment in at least the last 10 years)		
Name and Address of Company	Position held	Employment dates
Other Related Experiences Please describe here any other related professional certifications, honors, special skills, qualifications or experiences not mentioned elsewhere, i.e., equipment or machines operated, etc. <hr/> <hr/>		
Computer Skills (name software and hardware) _____ <hr/>		
References Include supervisors and persons we may contact to verify your performance and qualifications.		
Name _____	Occupation _____	Mailing address _____
Your supervisor? Yes _____ No _____	Organization _____	Phone (daytime) _____
Name _____	Occupation _____	Mailing address _____
Your supervisor? Yes _____ No _____	Organization _____	Phone (daytime) _____
Name _____	Occupation _____	Mailing address _____
Your supervisor? Yes _____ No _____	Organization _____	Phone (daytime) _____

AFFIRMATION

I affirm that the facts set forth above in my application for employment are true, correct, and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing department may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for refection of my application.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge.

SIGNATURE OF APPLICANT

DATE

KINGMAN COUNTY IS AN EQUAL OPPORTUNITY/VPE EMPLOYER