

EMPLOYMENT APPLICATION

An equal opportunity employer.

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony _____

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

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____

Veteran's Preference Request

Pursuant to K.S.A. 73-201(c), Veterans shall be preferred for initial employment and first promotion in the state government of Kansas, and in the counties and cities of this state, if competent to perform such services. Any veteran thus preferred shall not be disqualified from holding any position in such service on account of the veteran's age or by reason of any physical or mental disability as long as such age or disability does not render the veteran incompetent to perform the duties of the position applied for. When any veteran shall apply for appointment to any such position, place, or employment, the officer, board or person whose duty it is or may be to appoint a person to fill such place shall, if the applicant be a veteran of good reputation, and can competently perform the duties of the position applied for by the veteran, consider the veteran for appointment to such position, place or employment. In the event an eligible veteran is not hired for a position in which he or she has applied, notification will be sent within 30 days by certified mail or personal service. Such notice will advise the veteran of an administrative appeal process.

To determine eligibility, please answer the following questions: Yes/No

I entered the armed forces before Oct. 15, 1976, and separated from the armed forces under honorable conditions. I served i) on active duty during any war (official dates for war service are 4/6/1917 - 7/2/1921 and 12/7/1941 - 4/28/1952); ii) during the period 4/28/1952 - 7/1/1955; iii) in any campaign or expedition for which a campaign badge or service medal has been authorized; or iv) for more than 180 consecutive days since 1/31/1955 but prior to 10/15/1976, excluding an initial period of active duty for training under the "six month" reserve or national program.	
I entered the armed forces on or after 10/15/1976 and separated from the armed forces under honorable conditions and was awarded a service medal or campaign badge.	
I separated from the armed forces under honorable conditions and have a disability certified by the U.S. Dept. of Veterans Affairs as being service connected, have been issued the purple heart by the U.S. government, or have been released from active service with a service-connected disability.	
I am the spouse of a veteran who has a 100% service connected disability as determined by the U.S. Dept. of Veteran Affairs.	
I am the spouse of a veteran who died while and as a result of service in the armed forces and have not remarried.	
I am the spouse of a prisoner of war, as defined by K.S.A. 75-4364 and amendments thereto.	

If you marked "Yes" on any of the above questions and desire to use Veteran's Preference, please sign and date this form and submit to the Human Resource Division along with a copy of your DD214 form or the DD214 form of the veteran under which you qualify.

Name: _____

Signature: _____ Date: _____

Application for Employment

AUTHORIZATION TO RELEASE INFORMATION

I authorize **Osborne County** to contact any Company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to the Company.

Name (Printed)

Signature

Date

Maiden Name and/or other names known by: _____

Birth date: _____

Social Security Number: _____

Driver's License Number: _____ State driver's license issued: _____

Osborne County currently verifies information with:

- Prior employment
- References

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.