APPLICATION ELLSWORTH

FOR EMPLOYMENT COUNTY

We consider applicants for all positions without regard to gender, race, color, religion, creed, national origin, age, ancestry, disability, veteran, or any other legally protected status.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personnel Department.

Employment with Ellsworth County is “at will” employment, as explained in the Acknowledgment & Authorization at the end of this application

Position Applied For Click or tap here to enter text. Date of Application Click or tap to enter a date.

How did you hear about us? Advertisement Friend Walk-In Relative

Last Name Click or tap here to enter text. First name Click or tap here to enter text.

Middle Name Click or tap here to enter text.

Address Click or tap here to enter text. City Click or tap here to enter text.

State Click or tap here to enter text. Zip Click or tap here to enter text.

Social Security # Click or tap here to enter text. Driver’s License# Click or tap here to enter text.

Home Phone Click or tap here to enter text. State Issued Click or tap here to enter text.

Cell Phone Click or tap here to enter text.

Are you legally eligible for employment in this country?  Yes  No

(Proof of U.S. citizenship or immigration status will be required upon employment)

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

Have you filed an application here before?  Yes  No If yes, please give the date: Click or tap to enter a date.

Have you ever been employed here?  Yes  No If yes, please give the date: Click or tap here to enter text.

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you on Lay-off and subject to recall?  Yes  No

On what date are you available to work? Click or tap to enter a date.

Are you able to work  Full-Time Part-Time  Shift-Work  Temporary

Are you able to meet the attendance requirements of the position as described on the attached job description?

Yes  No

Will you work overtime if required? Yes  No

If required in the attached job description, are you able to meet the travel requirements of the position?

Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Such conviction may be relevant if job related, but is not an absolute bar from employment)

Have you ever worked in a KPERS covered position?  Yes  No

WORK EXPERIENCE

(Start with your most recent employer)

Employer Name: Click or tap here to enter text.

Employer Address: Click or tap here to enter text. Employer Phone: Click or tap here to enter text.

Supervisor’s Name: Click or tap here to enter text.

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Hourly Rate/Salary: Starting: Click or tap here to enter text. Ending: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Employer Name: Click or tap here to enter text.

Employer Address: Click or tap here to enter text. Employer Phone: Click or tap here to enter text.

Supervisor’s Name: Click or tap here to enter text.

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Hourly Rate/Salary: Starting: Click or tap here to enter text. Ending: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

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Employer Address: Click or tap here to enter text. Employer Phone: Click or tap here to enter text.

Supervisor’s Name: Click or tap here to enter text.

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Job Title: Click or tap here to enter text.

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Job Title: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

EDUCATION

Elementary School Name: Click or tap here to enter text. Address: Click or tap here to enter text.

Years Completed: Click or tap here to enter text. Course of Study: Click or tap here to enter text.

High School Name: Click or tap here to enter text. Address: Click or tap here to enter text.

Years Completed: Click or tap here to enter text. Course of Study: Click or tap here to enter text.

Degree/Diploma Received:  Yes  No

Undergraduate School Name: Click or tap here to enter text. Address: Click or tap here to enter text.

Years Completed: Click or tap here to enter text. Course of Study: Click or tap here to enter text.

Degree/Diploma Received:  Yes  No

Graduate/Professional School: Click or tap here to enter text. Address: Click or tap here to enter text.

Years Completed: Click or tap here to enter text. Course of Study: Click or tap here to enter text.

Degree/Diploma Received:  Yes  No

Other (Please Specify) Click or tap here to enter text.

Describe any specialized training, apprenticeship, skills, licenses, certificates and/or knowledge that may qualify you as being able to perform the essential functions described on the job description(s).

Click or tap here to enter text.

List professional, trade, business or civic activities and offices held. EXCLUDE membership which would reveal gender, race, color, religion, national origin, age, ancestry, disability, veteran or other protected status.

Click or tap here to enter text.

ADDITIONAL INFORMATION

Other Qualifications and Specialized Skills

Summarize the special job-related skills and qualifications, including operation of equipment and machinery, you possess which would enable you to perform the essential functions described on the attached job description(s).

Click or tap here to enter text.

List any additional information you would like us to consider as it relates to the essential functions described on the attached job description(s).

Click or tap here to enter text.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ AND UNDERSTAND THE ESSENTIAL FUNCTIONS DESCRIBED ON THE JOB DESCRIPTION(S) ATTACHED TO THIS APPLICATION.

Are you capable of performing, with or without reasonable accommodation, the essential functions described on the job description(s) attached to this application?  Yes  No

REFERENCES

Name: Click or tap here to enter text. Address: Click or tap here to enter text. Ph. Click or tap here to enter text.

Name: Click or tap here to enter text. Address: Click or tap here to enter text. Ph. Click or tap here to enter text.

Name: Click or tap here to enter text. Address: Click or tap here to enter text. Ph. Click or tap here to enter text.

ACKNOWLEDGEMENT & AUTHORIZATION

PLEASE READ BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING ANY OF THESE STATEMENTS, PLEASE EXPRESS THEM TO THE HUMAN RESOURCES DIRECTOR BEFORE SIGNING.

I certify that all statements on this application are true and complete and that I have not withheld anything that would, if disclosed, affect this application unfavorably. Omitted information or false or misleading information provided on this application form, during the interview or after employment commences, will be sufficient cause for cancellation of this application and/or termination from employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the County to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with the application for employment as provided by the Fair Credit Reporting Act of 1970. I further authorize and direct any person or consumer reporting agency to participate in such inquiries at the request of the County, and to compile and furnish any information it may have or obtain in response to such inquiries. I understand that I may request that the County completely and accurately disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department within a reasonable time after completion of this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, I will be advised as to the name and address of the consumer reporting agency supplying the report and can contact such agency if I desire any further information.

I further authorize the County to contact the Kansas Bureau of Investigation or any other appropriate agency or entity for purpose of obtaining my criminal history record.

I hereby understand and acknowledge that any employment relationship with the County is “at will”, which means that I may resign at any time and that the County may terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the County has the authority to make assurances to the contrary.

Contingent upon my employment with the County, I agree to comply with all policies, procedures and regulations as required, which may be changed at any time, or other policies and procedures communicated at any time to the employees of the County.

As a condition of my employment with the County, I will supply necessary documentation required under the Immigration Reform and Control Act of 1986 to establish citizenship or verification that I am authorized by the Secretary of Labor to work in this country.

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Date Applicant’s Signature

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of information below is voluntary)

The Company complies with all government regulations, including Affirmative Action obligations where they apply; reporting; and other legal obligations. Your completion of this applicant data is appreciated. Refusal to provide this information will not adversely affect any employment decision.

This survey is *not* a part of your official application for employment. Information disclosed on this survey is considered confidential information and will not be used in any hiring decisions.

The company considers applicants for all positions without regard to race, color, creed, gender, national origin, age, veteran status, or any other legally protected class.

Position(s) applied for: Click or tap here to enter text. Date: Click or tap to enter a date.

Referral Source:  Advertising  Employee  Relative  Walk-In  Other

Government Employment Agency  Private Employment Agency

Applicant Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Gender:  Female  Male

Please check one of the following Equal Opportunity Identification Groups:

White  Black (not of Hispanic origin)  Hispanic  Asian/Pacific Islander

American Indian/Alaskan Native

SPECIAL NOTICE TO VIETNAM VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors subject to the Vietnam Era Veteran Readjustment Act of 1974 and the Rehabilitation Act of 1973, are required to take an affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified disabled individuals.

You are invited to volunteer this information if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISHI TO BE IDENTIFIED, PLEASE CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:

Vietnam Era Veteran  Disabled Veteran  Individual with a Disability

(Served between 1964-1975)