



Employment Application



ACCOMMODATIONS: The Americans with Disabilities Act of 1990 ensures you the right to employment with Stevens County, Kansas. Arrangements will be made if you have a disability that requires an accommodation for completing an application form, interviewing or any other part of the employment process. It is your responsibility to make your needs known to the County Clerk at 620-544-2541 or the agency to which you are applying.

POSITION FOR WHICH YOU ARE APPLYING

VACANCY REQUISITION # _____ JOB TITLE _____ DEPT or AGENCY _____

Return this application form to the County Clerk or agency which has the vacancy for which you are applying.

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

Social Security No. _____

(Optional)

Name _____

Last

First

Middle

Address _____

Street, Apt. #

City

State

Zip Code

Telephone _____ (Day) Message Number _____

Email Address _____

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

name Have you worked for Stevens County before or do you currently? Dates: _____ No

How did you hear about us? _____

Do you have any relatives currently working for the county? Yes _____ No _____

Are you currently employed? Yes _____ No _____

Are you willing to work overtime if required? Yes _____ No _____

Can you travel if the job requires it? Yes _____ No _____

Are you capable of performing, with or without a reasonable accommodation, the essential functions involved in the job for which you have applied? Yes _____ No _____

Do you have a valid Kansas drivers' license if the job requires it? Yes _____ No _____

Drivers License Number: _____ Class of CDL Designation _____

On what date would you be able to work? _____

Are you available to work: _____ full time _____ part time _____ shift work _____ temporary

Are you claiming veterans' preference? Yes No If you are claiming veterans' preference for the first time please mail a copy of your DD214 - copy of discharge or documentation in form of a letter from the United States Department of Veterans Affairs to verify service-connected disability, copy of a marriage license to verify relationship as a spouse to a service member, a letter or notice from the Federal Government showing that their spouse died while serving in the armed forces, or other relevant documentation that would help qualify an individual for veterans' preference in accordance with the eligibility criteria set forth in K.S.A. 73-201. Please mail discharge or documentation to the Kansas Dept. of Administration, Division of Personnel Serv., 900 S.W. Jackson, Rm 252S, Topeka, Kansas 66612 or Fax to (785) 291-3715.

Have you ever been convicted of a felony? Yes No **INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.**

Educational Background

	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				

Vocational Licenses/Registrations (Attach copy of documents)

Type	License/Registration Number	Issuing Authority	Issue Date	Expiration Date

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.

Computer Skills (name software and hardware) _____

SUPPLEMENTAL WORK EXPERIENCE _____

References Include supervisors and persons we may contact to verify your performance and qualifications.

Name Your supervisor? Yes _____ No _____	Occupation _____ Organization _____	Mailing Address _____ _____ Phone (Day) _____
Name Your supervisor? Yes _____ No _____	Occupation _____ Organization _____	Mailing Address _____ _____ Phone (Day) _____

Work Experience - List your last three employers *or* last three positions, starting with the most recent. Attach a *Supplement to Employment Application* 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 <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____

Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Number _____

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 <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____

Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Number _____

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 <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____

Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Number _____

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 agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection 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