



SHAWNEE COUNTY APPLICATION FOR EMPLOYMENT

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

COMPLETING AN APPLICATION DOES NOT IMPLY THAT YOU WILL BE INTERVIEWED OR HIRED. IF YOU ARE OFFERED EMPLOYMENT, IT MAY BE NECESSARY TO PASS A PHYSICAL EXAMINATION AND DRUG SCREENING.

DATE: _____

POSITION APPLYING FOR _____ DEPT. _____

SALARY DESIRED _____ DATE YOU CAN START _____

CURRENT EMPLOYER _____ MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

ARE YOU RELATED TO ANYONE WHO WORKS FOR SHAWNEE COUNTY? YES NO
IF YES, PLEASE PRINT NAME AND DEPARTMENT _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO
(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

LAST FIRST MIDDLE OTHER NAME(S) WORKED UNDER

ADDRESS CITY STATE ZIP CODE

HOME PHONE NUMBER () _____ WORK PHONE NUMBER () _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

(FURNISHING YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY AND WILL BE USED TO HELP IDENTIFY RECORDS OF CANDIDATES WITH SIMILAR NAMES.)

EDUCATION, LICENSES, CERTIFICATES

HIGH SCHOOL GRADUATE/GED: YES NO IF "NO," WHAT IS THE HIGHEST GRADE COMPLETED? _____

| SCHOOLS ATTENDED: HIGH SCHOOL, COLLEGE OR BUSINESS, TRADES, TECHNICAL TRAINING | | | | |
|--------------------------------------------------------------------------------|----------|--------------------|-----------------------------------|--------------------------------------|
| NAME | LOCATION | TOTAL CREDIT HOURS | TYPE DEGREE, CERTIFICATE, DIPLOMA | MAJOR COURSEWORK OR TYPE OF TRAINING |
| | | | | |
| | | | | |
| | | | | |

| LICENSE CERTIFICATE ISSUED BY: | FIELD/TRADE | LICENSE CERTIFICATE NUMBER | DATE OF ISSUE | EXPIRATION DATE |
|--------------------------------|-------------|----------------------------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

For Office Use Only: Rev. _____ F _____ MQ _____ O _____
By _____

DRIVER'S LICENSE CLASSIFICATION AND NUMBER (IF JOB-RELATED) _____

(CONTINUED ON OTHER SIDE)

EMPLOYMENT HISTORY

List your work history below beginning with your present or most recent job. Emphasize your specific tasks and supervisory or technical responsibilities. Give special attention to experience related to the job for which you are applying.

| | | | | | |
|---------------------|--------------------------------------------------------------------------------------|-------------------|---------------------|-----------------|--|
| Employer's Name: | | Kind of Business: | | | |
| Employer's Address: | | Phone Number: | | | |
| Your Job Title: | From: (mm/dd/yy) | To: (mm/dd/yy) | Hrs. Per Week: | Current Salary: | |
| Supervisor's Name: | May we contact this person? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Reason for Leaving: | | |
| Duties: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

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|---------------------|--------------------------------------------------------------------------------------|-------------------|---------------------|-----------------|--|
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| Employer's Address: | | Phone Number: | | | |
| Your Job Title: | From: (mm/dd/yy) | To: (mm/dd/yy) | Hrs. Per Week: | Current Salary: | |
| Supervisor's Name: | May we contact this person? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Reason for Leaving: | | |
| Duties: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

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|---------------------|--------------------------------------------------------------------------------------|-------------------|---------------------|-----------------|--|
| Employer's Name: | | Kind of Business: | | | |
| Employer's Address: | | Phone Number: | | | |
| Your Job Title: | From: (mm/dd/yy) | To: (mm/dd/yy) | Hrs. Per Week: | Current Salary: | |
| Supervisor's Name: | May we contact this person? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Reason for Leaving: | | |
| Duties: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Comments (including explanation of any gaps in employment/additional sheets or a résumé 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. _____

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in 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 it is the County's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

HAVE YOU RECEIVED A DISCIPLINARY SUSPENSION OR BEEN DISCHARGED FROM ANY POSITION(S)? YES NO **IF YES, EXPLAIN.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO **IF YES, LIST WHEN, WHERE, NATURE OF OFFENSE.** _____

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 AT ANY TIME AFTER EMPLOYMENT.

SIGNATURE OF APPLICANT: _____

DATE: _____