



Employment Application



ACCOMMODATIONS: The Americans with Disabilities Act of 1990 ensures you the right to employment with Ottawa 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 785-392-2279 or the agency to which you are applying.

OTTAWA COUNTY, KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, national origin, sexual orientation, citizenship status, pregnancy, veteran status, disability or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)		

Best time to contact you at home: _____:_____ AM / PM

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed by us before? Yes No
If Yes, give date _____ Prior Position _____ Reason for Leaving _____

Do any of your friends or relatives work here? Yes No
If Yes, list any and how related _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States Yes No
Proof of work authorization through the I-9 process will be required upon employment

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1st 2nd 3rd shift)
Part-Time (please indicate Mornings / Afternoons / Evenings)
Temporary (please indicate dates available ____/____/____ to ____/____/____)

Are you currently on "lay-off" status and subject to recall Yes No

Can you travel if a job requires it? Yes No

Do you have a valid driver's license?..... Yes No

Driver's License Number _____ State of Issuance _____

Type of Driver's License, Operator Class C _____ Commercial (CDL) _____ Chauffeur _____

Driver's License Expiration Date _____

Have you ever been convicted of a crime?..... Yes No

If Yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were admitted, and sentence(s) imposed and type(s) of rehabilitation.

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question and the nature and age of the criminal offense and its disposition.

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job related training received in the United States Military

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

#1

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

#2

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

#3

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If you need additional space, please continue on separate sheet of paper.

List professional, trade, business or civic activities and offices held

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

Specialized Skills (Check Skills / Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="checkbox"/>	<input type="checkbox"/>
WPM <input type="checkbox"/>	WPM <input type="checkbox"/>		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES NO

References

1. _____ () _____
(Name) (Phone #)

(Address)
2. _____ () _____
(Name) (Phone #)

(Address)
3. _____ () _____
(Name) (Phone #)

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

I understand that prior to my employment I may be required to provide a sample for drug and alcohol testing and my employment is contingent on the results of that testing.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes NO
Position(s) Considered For:

Date _____

Arrange Interview Yes NO
Remarks

Interviewer _____

Date _____

Employed Yes NO

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title

Date

OTTAWA COUNTY, KANSAS
OFFER OF HIRE
AUTHORIZATION OF INFORMATION

By signing this document, I authorize Ottawa County, Kansas, to use my social security number and/or Date of Birth to conduct the necessary background checks, and for use on the pre-employment documents for the necessary drug & alcohol tests. I also understand that by providing this information, it does not constitute employment with Ottawa County, Kansas, until necessary checks and tests have come back in positive form, and I have been contacted by Ottawa County, Kansas, of that fact and that I have been chosen of the position that I have applied for.

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Printed Name of Applicant

Signature of Applicant

Date

Signature of Department Head

Date

Department Head:

Please provide a copy of the Employment Application, and Authorization of Information to the Ottawa County Clerk's Office to be filed in the newly hired employee's personnel file.