

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability or other protected classification.

**If you need any assistance in completing this form please let us know.
(PLEASE PRINT)**

Position(s) Applied For _____ Date of Application _____
(see attached Job Description(s))

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)		Home Telephone Number
_____				_____
Home Address (Street)	(City)	(State)	(Zip)	Business/Message Number
_____				_____

Are you a U.S. citizen or are you authorized by the INS to work in this country? YES NO

Are you over 18 years old? YES NO

If you are under 18 can you furnish a work permit? YES NO

Have you ever been convicted of a felony? YES NO

Conviction will not necessarily disqualify an applicant from employment

If yes, give date

Have you ever filed an application with this county? YES NO _____

Have you ever been employed by this county before? YES NO _____

Do you have any relatives currently working for the county? YES NO

Are you currently employed? YES NO

May we contact your present employer? 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 driver's license if the job requires it? YES NO

Driver's License Number: _____ Class of CDL Designation: _____

On what date would you be available for work? _____

Are you available to work: ___ full-time ___ part-time ___ shift work ___ temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job through your last four employers. Please include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, age, color, religion, sex, national origin, disability or other protected status.

1st

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title	Supervisor /	
Reason for Leaving		

2nd

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title	Supervisor /	
Reason for Leaving		

3rd

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title	Supervisor /	
Reason for Leaving		

4th

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title	Supervisor /	
Reason for Leaving		

EDUCATION AND SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE
High School			
College/Univ.			
College/Univ.			
Other			

Please give any additional information you feel would be helpful in evaluating your qualifications for employment.

Describe any specialized training, apprenticeship, including military experience which may be useful in performing this job.

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I acknowledge that I have been given a copy of the job description for the position for which I am applying and that I am able to perform the essential functions of the job, with or without reasonable accommodation.

I understand that this application is active for 30 days and does not constitute a contract. I further understand and agree that my employment is for no definite period of time and may be terminated at any time, with or without cause, with or without notice, at the option of either the county or myself.

I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____

JACKSON COUNTY
AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

Jackson County is committed to ensure a safe and drug and alcohol free workplace for all county employees and the general public. As a public employer, the county has a compelling interest in establishing reasonable condition of employment. Prohibiting employee drug/alcohol use is one such condition.

Jackson County is concerned with the well-being of its employees and the need to maintain employee productivity. The intent of the Jackson County's Drug Free Workplace Program is to offer a helping hand to those who need it, while sending a clear message that any illegal drug or alcohol use is contradictory with public services and **WILL NOT BE TOLERATED!**

It is the policy of Jackson County that all applicants, for safety sensitive positions, who receive a conditional offer of employment, submit to a drug test to document they are drug and alcohol free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" drug screen result will have the offer of employment withdrawn and will be subject to disqualification from other application for county employment for a period of two (2) years from the effective date of the disqualification action.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand the Jackson County's Drug and Alcohol Testing Policy Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug test and the results thereof. If hired into a position for Jackson County, I agree to abide by all provisions of the anti-drug policy as a condition of my continued employment with the County.

APPLICANT NAME (please print)

APPLICANT SIGNATURE

DATE

JACKSON COUNTY REPRESENTATIVE

DATE

Personal References for Applicants

I, _____ give permission for Jackson County to contact the following Personal References. (Excludes family members)

Name and Phone	Title	Relationship to Applicant
1.		
2.		
3.		
4.		

Applicant Signature

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: _____	
Employment Offer Made:	YES	NO	
Employment Offer Accepted:	YES	NO	
Start Date: _____		Rate of Pay: _____	
Job Title: _____		Department: _____	
Testing Required:	Medical	YES	NO
	Clerical	YES	NO
	Other	YES	NO

By: _____		Date: _____	
	Name & Title		

Notes: