



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 Human Resources representative.

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/OR DRUG SCREEN.

POSITION TITLE _____ VACANCY # _____

SALARY DESIRED _____ DATE YOU CAN START _____

ARE YOU AVAILABLE FOR SHIFT WORK? YES NO SHIFT PREFERENCE: 1st 2nd 3rd

 LAST NAME FIRST NAME MIDDLE NAME OTHER NAME(S) WORKED UNDER

 ADDRESS CITY STATE ZIP CODE

HOME PHONE # _____ WORK PHONE # _____ CELL/OTHER PHONE # _____

SOCIAL SECURITY NUMBER _____

(Furnishing your Social Security Number is voluntary and will be used to help identify records of candidates with similar names.)

HAVE YOU USED TOBACCO PRODUCTS IN THE LAST TWELVE (12) MONTHS? YES NO

HAVE YOU EVER BEEN EMPLOYED WITH SHAWNEE COUNTY? YES NO IF YES, LIST THE DEPARTMENT, THE DATES EMPLOYED AND THE REASON FOR LEAVING. _____

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 IS REQUIRED UPON EMPLOYMENT.)

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 AND NATURE OF OFFENSE(S). _____

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 that Shawnee County will not refuse to hire a qualified individual with a disability because of that person's need for an accommodation that would be required by the ADA. I understand that I may be asked to undergo a pre-employment physical examination and/or drug screen, and I authorize the release of any job-related medical information from this examination/drug screen to Shawnee County. I understand that if this examination/drug screen reveals the need for further examination, testing, or treatment, such further examination, testing, or treatment will be at my sole expense.

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.

PRINTED NAME OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

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

EDUCATION, LICENSES, CERTIFICATES - PAGE 2

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

LIST 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/CERT. NO.	ISSUE DATE	DATE EXPIRES

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

COMMENTS - Include 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. _____

EMPLOYMENT HISTORY - List your work history for the past ten (10) years below beginning with the present or most recent job. Emphasize your specific tasks, 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: _____				

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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PRINTED NAME OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

EMPLOYMENT HISTORY CONTINUED - PAGE 3

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: _____ _____ _____ _____					

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: _____ _____ _____ _____					

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: _____ _____ _____ _____					

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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PRINTED NAME OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

EMPLOYMENT HISTORY CONTINUED - PAGE 4

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: _____					

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: _____					

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: _____					

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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PRINTED NAME OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

**PLEASE TELL US WHERE YOU LEARNED ABOUT THIS
JOB OPPORTUNITY**

NEWSPAPER

HUMAN RESOURCES

RADIO WORKS
JOBLINK

RADIO

SHAWNEE COUNTY
WEBSITE

SHERIFF'S
OFFICE WEBSITE

KS JOBLINK

WALK IN

OTHER: _____