



# APPLICATION FOR EMPLOYMENT

## COWLEY COUNTY, KANSAS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Currently Employed: Yes  No

Available to work: **Full Time**  **Part-Time**  **Temporary**  **Evenings**  **Weekends**

Date available to work: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been employed by Cowley County before?

Yes  No

If yes, when? \_\_\_\_\_

Do you have any relatives working for Cowley County?

Yes  No

If yes, in which department? \_\_\_\_\_

Are you legally eligible for employment in the U.S.?

Yes  No

Are you 18 years of age or over?

Yes  No

Will you work overtime?

Yes  No

Can you travel if a job requires it?

Yes  No

**Complete this section if you served in the U.S. Armed Forces:**

Period of Active Duty: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

Were you dishonorably discharged? Yes  No

Describe your duties and any special training:

**EDUCATION:**

Select your highest completed grade level: 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16+

If you did not complete high school, do you have a GED? Yes  No

<i>Name and Location</i>	<i>Course of Study</i>	<i>Year Complete</i>	<i>Did you Graduate</i>	<i>Degree or Diploma</i>
<i>High School</i>				
<i>College/Univ</i>				
<i>Business/Trade School</i>				
<i>Other</i>				

**SKILLS INVENTORY:**

Check those skills which you have acquired

<b>Clerical</b>	<b>Technical</b>	<b>Maintenance</b>	<b>Driving Licenses</b>
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Truck Driver to 1.5 tons	<input type="checkbox"/> Driver's License State: _____ Lic#: _____
<input type="checkbox"/> Computer	<input type="checkbox"/> EMT	<input type="checkbox"/> Truck Driver over 1.5 tons	<input type="checkbox"/> CDL State: _____ Lic#: _____
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Surveying	<input type="checkbox"/> Backhoe-Loader	
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Drafting	<input type="checkbox"/> Grader	
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Cartography	<input type="checkbox"/> Farm Tractor	
<input type="checkbox"/> Word Perfect Office	<input type="checkbox"/> Construction Inspection	<input type="checkbox"/> Trencher	
<input type="checkbox"/> Calculator	<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Bulldozer	
<input type="checkbox"/> General Accounting		<input type="checkbox"/> Front End Loader	
<input type="checkbox"/> Bookkeeping Payroll		<input type="checkbox"/> Street Sweeper	
<input type="checkbox"/> Filing		<input type="checkbox"/> Snowplow	
		<input type="checkbox"/> Welding	
		<input type="checkbox"/> Plumbing	
		<input type="checkbox"/> Electrical	
		<input type="checkbox"/> Carpentry	
		<input type="checkbox"/> Vehicle Mechanic	
		<input type="checkbox"/> Concrete Work	
		<input type="checkbox"/> Asphalt Work	

Other Skills and/or Licenses:

**EMPLOYMENT:**

Please give an accurate and complete full-time and part-time employment record. Start with your present or most recent employer. Attach additional pages if necessary.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Job Title/Description of Work:

May we contact these employers? Yes  No

If you answered no, which employers do you request we not contact?

\_\_\_\_\_

**REFERENCES:**

Give the name, address and telephone numbers of three references who are not related to you and are not previous employers:

- 1.
- 2.
- 3.

**COMMENTS:**

State why you believe you are qualified to perform the kind of work for which you are applying:

***“I hereby certify that the information given in this application is true and correct. I understand and agree that the County may research all statements and claims made on this application and make reference checks and that employment is contingent upon my passing a physical exam, which may include a drug screening test. I further understand that any misrepresentation or omission of facts upon this application, or failing the physical exam or drug test, will be sufficient cause for rejection or dismissal, if employed.”***

Signature:

Date: