

# WILSON COUNTY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable federal, state, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

POSITION(S) APPLIED FOR			APPLICATION DATE		
LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS		CITY		STATE	ZIP
TELEPHONE	BEST TIME TO CALL	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NO. (IF APPLICABLE)*	
DATE AVAILABLE FOR WORK	EMPLOYMENT TYPE SOUGHT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Where did you hear about this position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s) _____ Department Position _____ <input type="checkbox"/> No					
List any relatives currently working for Wilson County: _____ NAME RELATIONSHIP					

## WORK EXPERIENCE -

List present and former employers for the past ten years, beginning with the most recent. Include military service and explain any gaps in employment. Use additional pages if necessary.

Name and Address of Employer	Supervisor	Description of Duties	Wages	Employment Dates	Reason for Leaving
1.			Start:  Final:	From:  To:	
2.			Start:  Final:	From:  To:	
3.			Start:  Final:	From:  To:	
4.			Start:  Final:	From:  To:	

May we contact the above employers?  Yes  No If "No", indicate which one(s) you do not wish us to contact.

Have you served an apprenticeship?  Yes  No If Yes where? \_\_\_\_\_  
TYPE OF TRADE \_\_\_\_\_ DATES \_\_\_\_\_

### SPECIAL SKILLS AND QUALIFICATIONS - MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED.

### LIST ANY PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS - INCLUDE ISSUE AND EXPIRATION DATES.

## EDUCATION

NAME	ADDRESS	UNITS COMPLE	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	DEGREE
OTHER					

### REFERENCES

List three business, work or school references whom you have known at least one year and who are not related to you and who are not previous supervisors or employers.

NAME AND ADDRESS	BUSINESS	TELEPHONE	YEARS KNOWN

## MISCELLANEOUS INFORMATION

Have you been convicted of a felony in the past 7 years? (A conviction record will not necessarily be a bar employment.)      Yes      No

If "Yes" please explain: \_\_\_\_\_

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?      Yes      No

Are you at least 18 years of age?      Yes      No      If not, do you have a work permit?      Yes      No

Are you able to perform the job(s) for which you are applying?      Yes      No

Have you ever been bonded?      Yes      No      When? \_\_\_\_\_

If position requires, do you have a valid Kansas driver's license?      Yes      No      Class of License \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Applicable Endorsements \_\_\_\_\_

### APPLICANT'S CERTIFICATION - Please read carefully before signing.

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

In the event of my employment with this organization, I will comply with all rules and regulations set forth in any policy manuals or other forms of communication made available to employees. Furthermore, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accomodation as required by ADA.

WILSON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicants' consideration for employment on a basis prohibited by law.

I acknowledge that I have read 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 a reasonable accomodation.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization on the first day of employment. Failure to submit such proof within three days of being hired shall result in immediate termination of employment.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

\*Please feel free to attach a resume or other information you feel would be helpful in evaluating your qualifications. Thank you for your interest.

APPLICANT'S SIGNATURE

DATE

### DO NOT WRITE BELOW

Interviewed?       NO  
 YES  
 DATE \_\_\_\_\_ TIME \_\_\_\_\_

Acceptable for Employment?  
 Yes       No

DEPT. \_\_\_\_\_ START DATE \_\_\_\_\_

Interviewed By \_\_\_\_\_

OCCUPATION \_\_\_\_\_ RATE \_\_\_\_\_