

# EMPLOYMENT APPLICATION

## Nemaha County Kansas

An Equal Opportunity Employer

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

TO APPLICANT: We appreciate your interest in employment with Nemaha County. The information on this form will aid us in determining your qualifications. It is to your advantage to give detailed and complete answers. If you have any questions about this form, do not hesitate to ask for assistance. PRINT OR TYPE.

PERSONAL Are you 16 years of age or older:  Yes  No If No, Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Office: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_  Full Time :  Part-time  Summer  Temporary

If Part-time, state Days and Hours:  
\_\_\_\_\_

### EDUCATION

Did you complete High School?  Yes  NO If NO, Do you have GED?  Yes  NO. Date of GED: \_\_\_\_\_

Give the following information about the schools you have attended:

SCHOOL	NAME AND LOCATION	DATES	DEGREE	COURSE OF STUDY
High School			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
College/ University			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
Business / Trade School			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

List or describe any school courses that relate to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Beginning with our present job (or immediate past job if unemployed) give the following information.

**A.** Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \$: \_\_\_\_\_ per: \_\_\_\_\_  
 Supervisor's Name & Title: \_\_\_\_\_  
 Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**B.** Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \$: \_\_\_\_\_ per: \_\_\_\_\_  
 Supervisor's Name & Title: \_\_\_\_\_  
 Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**C.** Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \$: \_\_\_\_\_ per: \_\_\_\_\_  
 Supervisor's Name & Title: \_\_\_\_\_  
 Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**D.** Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \$: \_\_\_\_\_ per: \_\_\_\_\_  
 Supervisor's Name & Title: \_\_\_\_\_  
 Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Check one:  The County has my permission to contact any of my present or past employers.  
 The County may contact any employer EXCEPT: \_\_\_\_\_  
 My reason for this is: \_\_\_\_\_

List of describe any work activities not stated above that is related to the position you are applying for:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever supervised a group of employees?  Yes  No  
 If yes, indicate which job, the number of employees and the extent of you responsibility:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by Nemaha County?  Yes  No If yes, in which office: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any relatives working for Nemaha County?  Yes  No If yes, indicate:

Office: \_\_\_\_\_ Relationship: \_\_\_\_\_

MILITARY SERVICE

Have you served in the US Armed Forces?  Yes  No: Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Special Training: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

SKILL INVENTORY

List any tools, machines, or office equipment you can operate: \_\_\_\_\_

List any other skills you have, including professional licenses and WPM for typing and shorthand: \_\_\_\_\_

MEDICAL INFORMATION

Do you have any physical handicap or disability which would interfere with your performance of the duties of the particular job you are applying for  Yes  No

If yes, explain: \_\_\_\_\_

DRIVING RECORD (Complete only if position requires driving)

Do you have? :

A. A valid Kansas Drivers' License?  Yes  No License Number: \_\_\_\_\_

B. A valid Kansas Chauffer's License?  Yes  No Class: \_\_\_\_\_

Have you had?

A. A moving violation within the past year?  Yes  No

B. An accident within the past 2 years?  Yes  No

C. Driver's License revoked or suspended?  Yes  No

Explain any Yes answers: \_\_\_\_\_

Have you been convicted of a felony within the past 5 years? (Include crimes in the military?)  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List persons to be notified in case of an accident or emergency:

A. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_

This space below can be used to give any additional information you believe is necessary.

READ & SIGN: I certify that the information given by me is true and complete to the best of my knowledge. I understand that the County may research all statements and claims made on this application and make reference checks. Further, if research shows that false information was willfully given by me, the county may take steps to disqualify me from consideration for appointments.

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

FOR OFFICE USE ONLY

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