



POSITION(S) FOR WHICH YOU ARE APPLYING

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

Name _____
Last First Middle

Address _____
Street, Apt. # City State Zip Code

Telephone () _____ Email Address _____

Are you known to employers/references/schools by another name? If Yes, names _____ No _____

Have you ever been employed or are you currently employed by the County of Osage? Yes _____ No _____
If Yes, provide approximate dates and department. _____

Have you previously retired from Osage County, State of Kansas or any other employer with a KPERS plan?
Yes _____ No _____
If Yes, please provide the retirement date and name of employer. _____

Are you currently over the age of 18 or will you be age 18 at the time of hire? Yes _____ No _____

Have you ever been convicted of a felony, Yes No

The Immigration & Reform Control Act of 1986 requires employers to verify an individual's identity and authorization to work in the U.S. as a condition of employment. Upon hire, will you be able to provide documentation to verify that you are a citizen or that you are authorized to work in the United States? Yes _____ No _____

Are you claiming Veterans' Preference? Yes _____ No _____

How did you hear about this vacancy? _____

Educational Background

	Institution and City, State	Degree or Certificate Attained	Major Area of Study	Credit Hours or Academic Years Completed
High School/GED		High School/GED transcript not required.		
College or University				
Graduate School				
Vocational, Technical, Business School				
Other Education				

Driver's License/Vocational Licenses/Registrations/Certifications (Attach copy of documents)

Type	License/Registration Number	Issuing Authority	Issue Date	Expiration Date

Work Experience - List your last three employers *or* last three positions, starting with the most recent. Attach a *Supplement to Employment Application* or other pages if you want to include more positions.

Month & Year From _____ To _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ May we contact this Employer? Yes NO

Supervisor's Name _____ Supervisor's Phone Number _____

Month & Year From _____ To _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ May we contact this Employer? Yes No

Supervisor's Name _____ Supervisor's Phone Number _____

Month & Year From _____ To _____	Name/Address of Employer	Reason for Leaving	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ May we contact this Employer? Yes No

Supervisor's Name _____ Supervisor's Phone Number _____

Other Employment: (Account for all employment in at least the last 10 years)

Name and Address of Company	Position Held	Employment Dates

Other Related Experiences: Please describe here any other additional experiences or professional certifications, honors, knowledge or technical or special skills not mentioned elsewhere, (i.e., equipment or machines operated, etc).

Computer Skills (name software and hardware) _____

 Supplemental Work Experience _____

References: Include supervisors and managers that **we may contact** to verify your work performance and qualifications.

Name _____	Occupation _____ Organization _____	Email Address _____ Phone _____
Previous Supervisor? ___ Yes ___ No		
Name _____	Occupation _____ Organization _____	Email Address _____ Phone _____
Previous Supervisor? ___ Yes ___ No		
Name _____	Occupation _____ Organization _____	Email Address _____ Phone _____
Previous Supervisor? ___ Yes ___ No		

Affirmation

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand that the Hiring Manager and Human Resources will send correspondence, to the e-mail address I provided (if applicable), regarding specific information about this application and I understand it is my responsibility to check my e-mail regularly during the recruitment process.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge.

I understand and agree that any employment which I may have with Osage County shall be "at will" which means that either Osage County or I can terminate the employer/employee relationship at any time, with or without cause, with or without prior notice.

I understand and agree there is not, and will not be a contract of employment with Osage County, except by written contract, approved by the Board of County Commissioners.

I do hereby consent that any person, agency, present employer, or former employer may release and disclose any record, information, or opinion concerning me or any present or former employment. I do further release and discharge any person, entity, or agency which provides any record, information, or opinion concerning me or my present employment, including but not limited to FBA, KBI, NCIC, III, present employer, or former employer, from any and all claims, actions, causes of action, and judgments for such disclosure or opinion.

Signature of Applicant: I agree and understand that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this document.

Date