

APPENDIX B  
**APPLICATION FOR EMPLOYMENT**  
**OSAGE COUNTY, KANSAS**  
**AN EQUAL OPPORTUNITY EMPLOYER**

INSTRUCTIONS: Complete this application legibly in your own handwriting. If you need additional space for your responses, you may write on the back of this form. Please indicate which section you are supplementing with additional information written on the back.

Questions for which answers are optional are indicated below. Complete and correct answers to all other questions are required.

False, incomplete, or misleading information provided in this application may result in disciplinary action, including dismissal from employment.

This application will become a permanent record of Osage County, even if you do not become an employee of the County.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Do you have a current driver's license:  Yes  No

Do you have a current CDL:  Yes  No Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Department: \_\_\_\_\_

Will you accept part time or seasonal work:  Yes  No

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

Can you travel if required:  Yes  No

**I. EDUCATION, TRAINING, AND OTHER QUALIFICATIONS**

**A. Highest education level attained**

- |  |   |
|--|---|
| <input type="checkbox"/> 0-8 years                   | <input type="checkbox"/> Some College       |
| <input type="checkbox"/> 9-12 years                  | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School Graduate or GED | <input type="checkbox"/> Bachelor's Degree  |
| <input type="checkbox"/> Vocational or Business      | <input type="checkbox"/> Master's Degree    |
|  | <input type="checkbox"/> Other              |

B. Describe all college or university degrees, technical school degrees or diplomas, professional licenses, technical licenses, and certifications. Include name of college, university, or technical school, course of study, and state of licensure. Provide a resume' if requested by the department head or Board of County Commissioners.

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C. Identify any languages other than English which you speak, read, or write; and state with respect to each language the following: **NOTE: YOUR RESPONSE TO THIS SECTION IS OPTIONAL.**

Language \_\_\_\_\_  Write       Read       Speak  
 Fluent       Good       Fair

D. Do you have any special education, training, license, or skills pertaining to the job you are applying for?

If so, specify: \_\_\_\_\_

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E. Other job related skills and qualifications or other information: \_\_\_\_\_

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## II. CITIZENSHIP

A. Are you a citizen of the United States?  Yes  No

B. If you are not a citizen of the United States, do you have Visa or Immigration status necessary for employment?  Yes  No

If you are not a citizen of the United States, you are required to submit proof of status before this application can be considered further.

**III. PRESENT EMPLOYMENT AND FORMER EMPLOYERS**

A. List all employers within the last four years prior to present employer, starting the last one first

Name, address, and telephone number	Date of employment from/to	Type of work	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Are you currently employed?  Yes  No

Present employer: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

C. Have we your permission to contact your present employer and receive any and all information, records, or opinions regarding your duties and job performance?  Yes  No

D. Have you ever been employed by Osage County before?  Yes  No

When and in what position: \_\_\_\_\_

E. Have you received disciplinary action or been discharged from any position?  Yes  No

If yes, identify all employers and give reasons for disciplinary action and action taken:

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

**IV. CRIMINAL HISTORY**

A. Have you ever been convicted of a felony, any crime against another person, any crime involving use, sale, or possession of controlled substances, driving while under the influence of intoxicating liquor or drugs, or a crime involving dishonesty?  Yes  No

B. If yes, list when, where, and nature of each conviction: \_\_\_\_\_

\_\_\_\_\_

**V. REFERENCES**

Name	Address	Telephone #	Business	Nature of acquaintance and relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**VI. MEDICAL INFORMATION**

For certain positions, an applicant may be made an offer of employment conditioned upon successful completion of a medical examination demonstrating ability to perform essential and marginal job functions. Reasonable accommodation may be made pursuant to State and Federal Law as feasible without undue hardship.

The Osage County Road and Bridge Department has a screening policy for the use of illegal drugs. Any offer of employment will be withdrawn if the applicant tests positive for any illegal drugs. An employee may be dismissed in the event of a positive test for illegal drugs. Random alcohol and drug testing of employees is a policy of the Osage County Road and Bridge Department effective 8-23-95. Osage County Sheriff's Office is required by law to test employees from time to time for drug and alcohol use.

- A. Are you now addicted or habituated to any narcotic, drug, or controlled substance?  Yes  No
- B. Do you frequently use or are you currently using any narcotic, drug, or controlled substance?  
 Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

- C. A medical or psychological examination or drug and alcohol test may be required for you to be hired for or continue at the position for which you have applied. Do you consent to such examination or examinations upon receiving a conditional offer of employment, and consent to examinations which are job related and consistent with business necessity after you become employed by Osage County?  Yes  No

**VII. IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**APPLICANT’S STATEMENT, RELEASE OF INFORMATION, AND WAIVER**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

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 consent that Osage County may now, or at any time after I have become an employee of Osage County, request and receive any record, information, or opinion about me from any source, including, but not limited to: Federal Bureau of Investigation (FBI), Kansas Bureau of Investigation (KBI), National Crime Information Center (NCIC), Interstate Identification Index (III), or any present or former employer.

I consent that Osage County may now, or at any time after I have become an employee of Osage County, request and obtain any education, licensure, training, or certification records from any school, college, university, technical school, professional association, or licensing agency.

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 or former employment, including but not limited to FBI, 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)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness to Signature)