

# KIOWA COUNTY EMPLOYMENT APPLICATION

Kiowa County is an equal opportunity action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL			
First Name	Initial	Last Name	Social Security #  -       -
Address			Home/Cell Telephone #  (     )       -
Position(s) Applied for	Referred By	Position desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Have you ever filed an application or been employed with Kiowa County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list date, job title(s) &amp; location _____</i>	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, may we contact them?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</i>		
Do you have any relatives employed by Kiowa County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, job title(s) &amp; location _____</i>	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes do you have a work permit?</i>		

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			

## EMPLOYMENT HISTORY

List the last three employments, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary \$
Employed Until / /	Employer Address	Supervisor Phone # ( ) -	Ending Salary \$
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary \$
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Job Title		Reason for Leaving	
Duties & Responsibilities			

**SPECIAL SKILLS AND QUALIFICATIONS:** *Summarize special job-related skills & qualifications*

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## REFERENCES

Give name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

1

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2

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3

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## GENERAL

YES

NO

If hired, can you travel if a job requires it?

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations?

*If not, please explain.*

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Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (*Conviction will not necessarily disqualify an applicant from employment.*)

Are you active in the military and could be subject to deployment?

*If yes, please explain*

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## CERTIFICATION & AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by a authorized executive of the organization.

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

I hereby acknowledge that I have read and agree to the above statements.

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Signature of Applicant

Date