

SCOTT COUNTY, KANSAS  
303 COURT STREET, SCOTT CITY, KS 67871  
620-872-2420 FAX 620-872-7145

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

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

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

Telephone #: \_\_\_\_\_ Social Sec # \_\_\_\_\_

Position applied for or type work desired: \_\_\_\_\_

\_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ temporary

Date you would be available to start work: \_\_\_\_\_

Are you able to meet attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Can you submit proof of legal employment authority & identity? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes", please explain (a conviction will not automatically bar employment.)

\_\_\_\_\_  
Driver's License # (if driving is essential job duty) \_\_\_\_\_

EDUCATION: Please list school name, location, years completed, degrees earned.

High School \_\_\_\_\_

College \_\_\_\_\_

Technical Training \_\_\_\_\_

Other \_\_\_\_\_

Please list any additional skills or qualifications you have:

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



EMPLOYMENT HISTORY – Please provide information for previous employment beginning with your most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Supervisor and title: \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Supervisor and title: \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Supervisor and title: \_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

Please list three personal references and their telephone numbers.

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

I hereby authorize Scott County to contact, obtain, and verify the accuracy of information contained in this application from 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.

If I am employed, 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 Scott County 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 that 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 person's need for a reasonable accommodation as required by the ADA.

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

I acknowledge that I have read and understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_