

# APPLICATION FOR EMPLOYMENT

# LINCOLN COUNTY

We consider applicants for all positions without regard to gender, race, color, religion, creed, national origin, age, ancestry, disability, veteran, or any other legally protected status.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personnel Department

Employment with Lincoln County is "at will" employment, as explained in the Acknowledgement & Authorization at the end of this application.

PLEASE PRINT

Position Applied For: \_\_\_\_\_

Date of Application \_\_\_\_\_

How did you hear about us?  Advertisement  Friend  Walk-In  Relative

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
(Proof of U.S. citizenship or immigration status will be required upon employment)

If you are under 18, can you provide required proof of eligibility to work?  Yes  No

Have you filed an application here before?  Yes  No If yes, please give the date: \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, please give the date: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you on Lay-off and subject to recall?  Yes  No

On what date are you available to work? \_\_\_\_\_

Are you able to work  Full-Time  Part-Time  Shift-Work  Temporary

Are you able to meet the attendance requirements of the position as described on the attached job description?  Yes  No

Will you work overtime if required?  Yes  No

If required in the attached job description, are you able to meet the travel requirements of the position?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Such conviction may be relevant if job related, but is not an absolute bar from employment)

Have you ever worked in a KPERS covered position?  Yes  No

# WORK EXPERIENCE

Name, address and telephone number of all employers (Start with your most recent employer)	Date of employment for each employer From To	Job title and responsibilities
Supervisor's name Reason for Leaving	Hourly Rate/Salary Starting Final	
Supervisor's name Reason for Leaving	Hourly Rate/Salary Starting Final	
Supervisor's name Reason for Leaving	Hourly Rate/Salary Starting Final	
Supervisor's name Reason for Leaving	Hourly Rate/Salary Starting Final	

If you need additional space, please continue on a separate sheet of paper.

# EDUCATION

	Name and Address of School	Course of Study	Years Completed Degree/Diploma Received
ELEMENTARY SCHOOL			
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE PROFESSIONAL			
OTHER (SPECIFY)			

Describe any specialized training, apprenticeship, skills, licenses, certificates and/or knowledge that may qualify you as being able to perform the essential functions described on the attached job description(s).

List professional, trade, business or civic activities and offices held. EXCLUDE membership which would reveal gender, race, color, religion, national origin, age, ancestry, disability, veteran or other protected status.

## ADDITIONAL INFORMATION

### Other Qualifications and Specialized Skills

Summarize the special job-related skills and qualifications, including operation of equipment and machinery, you possess which would enable you to perform the essential functions described on the attached job description(s).

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List any additional information you would like us to consider as it relates to the essential functions described on the attached job description(s).

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**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ AND UNDERSTAND THE ESSENTIAL FUNCTIONS DESCRIBED ON THE JOB DESCRIPTION(S) ATTACHED TO THIS APPLICATION.**

Are you capable of performing , with or without reasonable accommodation, the essential functions described on the job description(s) attached to this application?

Yes  No

## REFERENCES

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

## ACKNOWLEDGEMENT & AUTHORIZATION

PLEASE READ BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING ANY OF THESE STATEMENTS, PLEASE EXPRESS THEM TO THE HUMAN RESOURCES DIRECTOR BEFORE SIGNING.

I certify that all statements on this application are true and complete and that I have not withheld anything that would, if disclosed, affect this application unfavorably. Omitted information or false or misleading information provided on this application form, during the interview or after employment commences, will be sufficient cause for cancellation of this application and/or termination from employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the County to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with the application for employment as provided by the Fair Credit Reporting Act of 1970. I further authorize and direct any person or consumer reporting agency to participate in such inquiries at the request of the County, and to compile and furnish any information it may have or obtain in response to such inquiries. I understand that I may request that the County completely and accurately disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department within a reasonable time after completion of this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, I will be advised as to the name and address of the consumer reporting agency supplying the report and can contact such agency if I desire any further information.

I further authorize the County to contact the Kansas Bureau of Investigation or any other appropriate agency or entity for purpose of obtaining my criminal history record.

I hereby understand and acknowledge that any employment relationship with the County is "at will", which means that I may resign at any time and that the County may terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the County has the authority to make assurances to the contrary.

Contingent upon my employment with the County, I agree to comply with all policies, procedures and regulations as required, which may be changed at any time, or other policies and procedures communicated at any time to the employees of the County.

As a condition of my employment with the County, I will supply necessary documentation required under the Immigration Reform and Control Act of 1986 to establish citizenship or verification that I am authorized by the Secretary of Labor to work in this country.

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Date

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Applicant's Signature

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of information below is voluntary)

The Company complies with all government regulations, including Affirmative Action obligations where they apply; reporting; and other legal obligations. Your completion of this applicant data is appreciated. Refusal to provide this information will not adversely affect any employment decision.

This survey is *not* a part of your official application for employment. Information disclosed on this survey is considered confidential information and will not be used in any hiring decisions.

The company considers applicants for all positions without regard to race, color, creed, gender, national origin, age, veteran status, or any other legally protected class.

Position(s) applied for:					Date:
Referral Source:	Advertising	Employee	Relative	Walk-in	Other
	Government Employment Agency			Private Employment Agency	
Applicant Information					
Name:	Last	First	Middle		
Address:	Street	City	State	Zip Code	
	Male	Female			
Please check one of the following Equal Employment Opportunity Identification Groups:					
	White	Black (not of Hispanic origin)	Hispanic	Asian/Pacific Islander	
	American Indian/Alaskan Native				

## SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR METAL DISABILITIES:

Government contractors subject to the Vietnam Era Veteran Readjustment Act of 1974 and the Rehabilitation Act of 1973, are required to take an affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified disabled individuals.

You are invited to volunteer this information if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:

\_\_\_\_\_ Vietnam Era Veteran (served between 1964-1975)      \_\_\_\_\_ Disabled Veteran      \_\_\_\_\_ Individual with a Disability

Lincoln County  
216 E Lincoln Ave  
Lincoln Kansas 67455

**APPLICANT AFFIRMATION OF  
DRUG AND ALCOHOL TESTING POLICY**

**STATEMENT OF POLICY**

Lincoln County is committed to ensure a safe and drug and alcohol free workplace for all county employees and the general public. As a public employer, the County has a compelling interest in establishing reasonable condition of employment. Prohibiting employee drug and alcohol use is one such condition.

Lincoln County is concerned with the well being of its employees and the need to maintain employee productivity. The intent of the Lincoln County's Drug and Alcohol Testing Program is to offer a helping hand to those who need it, while sending a clear message that any illegal drug or alcohol use is contradictory with public services and **WILL NOT BE TOLERATED!**

It is the policy of Lincoln County that all applicants, who receive a conditional offer of employment, submit to a drug test to document that they are drug free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" drug screen result will have the offer of employment withdrawn and will be subject to disqualification from other application for County employment for a period of two (2) years from the effective date of the disqualification action.

**AFFIRMATION OF POLICY**

As an applicant for a position, I affirm that I have read and understand the Lincoln County's Drug and Alcohol Testing Policy Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug test and the results thereof. If hired into a position for Lincoln County, I agree to abide, by all provisions of the anti-drug policy, as a condition of my continued employment with the County.

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Applicant Name (Please Print)

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Applicant Signature

Date

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Lincoln County Representative

Date