

SHERMAN COUNTY PUBLIC WORKS
1004 W 8th
GOODLAND, KS 67735

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____ Position Applied For _____
Name: _____
 Last First Middle

Address: _____
 Number Street City State Zip

Home Telephone: () _____ Social Security Number: _____

Are you available to work full time? Yes/No Part time? Yes/No Seasonal? Yes/No

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

If yes, please provide phone number: () _____

On what date would you be available to work? _____

If you are required to drive a county owned vehicle, do you have a valid driver's license? _____ State _____ Driver's License Number: _____

Do you have a CDL? _____ Do you have the ability to obtain one? _____

Can you travel if the job requires it? Yes/No

If employed and you are under 18, can you furnish a work permit? _____

Have you ever been convicted of a felony within the last 7 years? Yes/No
(Conviction will not necessarily disqualify applicant from employment)
If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying?

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, religion, gender, national origin, handicap, or other protected status.

Employer: _____ Telephone Number: _____
Address: _____ Supervisor: _____
Job Title: _____ Employment from _____ to _____
Mo/Yr Mo/Yr

Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

Reason for Leaving Employment: _____

Employer: _____ Telephone Number: _____
Address: _____ Supervisor: _____
Job Title: _____ Employment from _____ to _____
Mo/Yr Mo/Yr

Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

Reason for Leaving Employment: _____

Employer: _____ Telephone Number: _____
Address: _____ Supervisor: _____
Job Title: _____ Employment from _____ to _____
Mo/Yr Mo/Yr

Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

Reason for Leaving Employment: _____

Employer: _____ Telephone Number: _____
Address: _____ Supervisor: _____
Job Title: _____ Employment from _____ to _____
Mo/Yr Mo/Yr

Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

Reason for Leaving Employment: _____

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience: _____

EDUCATION

	Name and Address	Years Completed	Diploma/Degree
High School	_____		
Undergraduate School	_____		
Graduate Professional	_____		

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

Describe any job-related training received in the United States military:

REFERENCES

- 1.) _____
Name Address Phone
- 2.) _____
Name Address Phone
- 3.) _____
Name Address Phone

I certify that all the information provided by me in this application is true and complete. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient causes for cancellation of this application and/or separation from the employer's service if I have been employed.

I authorize the employer to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 45 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant

Date

SHERMAN COUNTY
813 Broadway, Rm 102
Goodland, KS 67735

APPLICANT AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

Sherman County is committed to providing a safe, drug and alcohol free workplace for all County employees and the general public.

Sherman County is concerned with the safety and well being of its employees. Sherman County's Drug and Alcohol Testing Program offers a helping hand to those who need it, while sending a clear message that drug or alcohol use **WILL NOT BE TOLERATED!**

It is the policy of Sherman County that all applicants, for safety sensitive positions, 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 employment but will be referred to a Substance Abuse Professional (SAP). If an applicant receives a verified positive drug test result and requests a retest of the split sample, applicant agrees to reimburse Sherman County for the cost of the retest \$150.00.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand the Sherman 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 Sherman County, I agree to abide, by all provisions of the anti-drug policy, as a condition of my continued employment with the County.

Applicant Name (Please Print)

Applicant Signature

Date

Sherman County Representative

Date