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 other legally protected status.

Position Applying For:	Date of Applica	ation	
Print Last Name, First name, Middle Initial: Birth D		ional)	
	Social Security	Number	ŗ
Permanent Address: City, State, Zip Code	Work phone		
Home Phone ()	E-mail Address	5	
When will you be available to work? Comments:	Month	Day	Year
KS Driver's License #Exp _			
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes		No 🗆
Have you ever been employed with us before? If Yes, give date	Yes		No 🗆
Have you ever filed an application with us before?	Yes		No 🗆
Are you currently employed?	Yes		No 🗆
May we contact your present employer?	Yes		No 🗆
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (Proof of Citizenship or Immigration Status will be required upon employed.)	Yes ment)		No 🗆
Are you currently on "lay-off" status and subject to recall?	Yes		No 🗆
Can you travel if the job requires it?	Yes		No 🗆
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. If Yes please explain	Yes		No 🗆

EDUCATION

	Elementary School	High School	Undergraduate College/ University	Graduate / Professional
School				
Name				
& Location				
Years	4-5-6-7-8	9-10-11-12	1-2-3-4	1-2-3-4-
Completed		, -,		
Diploma/Deg	ree/ Equivalent:			
Describe Cou	rse of Study:			
Dogariha any	anasializad			
Describe any training, appr	_			
skills and ext	<u> </u>			
activities				
	•.•			
State any add				
•	ou feel may be			
your applicat	n considering			
your applicat				
List profess	ional, trade, busines	s, or civic activitie	s and offices held.	
•	-	ould reveal sex, race,	religion, national origin, age, ance	estry, or handicap or
other protected	d status:			
· 		 		
Reference	<u>Ω</u> C			
	_	ne number to thre	ee references who are not re	elated to you and
are not prev	vious employers.			
1				
2				
3				
Have v	ou ever had any io	h-related training	g in the United States mile	itary?
Have y	ou ever had any join	o-related training		•
***			Yes \square	No \square
	, please describe			
Are yo	ou physically unabl	e to perform the	duties of the job in which	ı you are
applyi	ng?	_	Yes □	No □

Employment Experience

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

Employer		Dates Employed From/ To	Work Performed
Address			
Telephone number(s)		Hourly Rate/	
Job Title	Supervisor	Salary Starting/ Ending	
Reason for Leaving			
Employer		Dates Employed From/ To	Work Performed
Address		=======	
Telephone number(s)			
Job Title	Supervisor	Hourly Rate/ Salary Starting/ Ending	
Reason for Leaving			
Employer			Worked Performed
Address		Dated Employed From / To	
Telephone number(s)			
Job Title	Supervisor	Hourly Rate/ Salary Starting/ Ending	
Reason for Leaving			

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this 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 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that 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 an authorized executive of this organization.

In 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.

Signature of Applicant	Date

FOR PERSONNEL DEPARTMENT USE ONLY					
_				No □	
Employed	<u> </u>	Yes		No □ Date o	INTERVIEWER DATE of Employment
Job Title _				Hourly Rate/ Salary	Department
	By:			Name and Title	 Date
NOTES				Traine and True	Bute