

APPLICATION FOR EMPLOYMENT
STANDARD EMPLOYEES
STAFFORD COUNTY, KS

Employer _____ Telephone _____

Address _____
Street / Apt # City St Zip

Job Title _____ Supervisor _____

Dates Employed - from _____ to _____ Salary - Starting \$ _____ Ending \$ _____

Reason for Leaving _____

Essential Duties _____

May we contact? Yes No

.....

Employer _____ Telephone _____

Address _____
Street / Apt # City St Zip

Job Title _____ Supervisor _____

Dates Employed - from _____ to _____ Salary - Starting \$ _____ Ending \$ _____

Reason for Leaving _____

Essential Duties _____

May we contact? Yes No

.....

Employer _____ Telephone _____

Address _____
Street / Apt # City St Zip

Job Title _____ Supervisor _____

Dates Employed - from _____ to _____ Salary - Starting \$ _____ Ending \$ _____

Reason for Leaving _____

Essential Duties _____

May we contact? Yes No

APPLICATION FOR EMPLOYMENT
STANDARD EMPLOYEES
STAFFORD COUNTY, KS

Please summarize your job-related skills and/or specialized training _____

List job-related special accomplishments, projects, awards. (Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status)

REFERENCES

Give the name and telephone number of three (3) business / work references who are not related to you. List at least one of your previous supervisors.

| Name | Occupation | Company | Phone # |
|------|------------|---------|---------|
|------|------------|---------|---------|

| | | | |
|------|------------|---------|---------|
| Name | Occupation | Company | Phone # |
|------|------------|---------|---------|

| | | | |
|------|------------|---------|---------|
| Name | Occupation | Company | Phone # |
|------|------------|---------|---------|

List any additional information you would like us to consider _____

APPLICATION FOR EMPLOYMENT
STANDARD EMPLOYEES
STAFFORD COUNTY, KS

ACKNOWLEDGEMENT

I understand that Stafford County is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials and/or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize Stafford County to contact any company, institution or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Stafford County. I acknowledge that a facsimile of this form is as valid as the original.

A County-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Stafford County and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at Stafford County is "at-will" and may be terminated by myself or by the County at any time, with or without cause or notice. I understand that no representative of Stafford County has the authority to make any assurance to the contrary.

Signature

Date

APPLICATION FOR EMPLOYMENT
STANDARD EMPLOYEES
STAFFORD COUNTY, KS

PLEASE READ BEFORE SIGNING! IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING ANY OF THESE STATEMENTS, PLEASE EXPRESS THEM 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 or during the interview 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 the County's 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 this 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 Stafford County Clerks' Office, 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 law enforcement agency or entity for the purpose of obtaining my criminal history record. I am aware that I may be finger-printed to further such investigation.

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 with or 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 stated in the Employee Handbook, 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.

Name – Printed

Signature

Date

APPLICATION FOR EMPLOYMENT
STANDARD EMPLOYEES
STAFFORD COUNTY, KS

APPLICANT AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

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

Stafford County is concerned with the safety and well being of its employees. Stafford County's Drug and Alcohol Testing Program offer's 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 Stafford County that all applicants, for safety sensitive positions, who receive a conditional offer of employment, may be asked to 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 Stafford County for the cost of the retest.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand Stafford County's Drug and Alcohol Testing Policy statement 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 Stafford County, I agree to abide by all provisions of the anti-drug policy, as a condition of my continued employment with the County.

Name – Printed

Signature

Date

County Clerks' Rep Signature

Title

Date