



Mitchell County Kansas Sheriff's Office

Application for Employment

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement
 Relative
 Inquiry
 Employment Agency
 Friend
 Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Best time to contact you at home is: _____ : _____ am/pm

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

Have you ever filed an application with us before?..... Yes No
If Yes, Give Date _____

Have you ever been employed with us before?..... Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... 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 county because of Visa or Immigration Status?
Proof of Citizenship or immigration will be required upon employment..... Yes No

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you able to work: Full-Time Part-Time Other _____

Are you currently on "lay off status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, disabilities or other protected status.

Employer	From	To	Work Performed
Address	Salary Start	Salary End	
Job Title	Supervisor		
Reason for Leaving			

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications-

Summarize special job-related skills and qualifications acquired from employment or other experiences.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ Yes _____ No

REFERENCES

1)	_____ ()
	Name Phone #

	Address
2)	_____ ()
	Name Phone #

	Address
3)	_____ ()
	Name Phone #

	Address

APPLICANT'S STATEMENT

I certify the answers given are true and complete.

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 not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this 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

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ Interviewer _____ Date _____

Job Title _____ Hour Rate/Salary _____ Department _____

BY _____

Name and Title

Date



Mitchell County Sheriff's Office

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