

LEAVENWORTH COUNTY

Application for Employment

For employment opportunities, visit <http://www.leavenworthcounty.gov/employment.asp>.

Leavenworth County is an Equal Opportunity Employer. Applicants will be considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ **Job Vacancy #:** _____

Date of Application: _____

How Did You Learn About This Position?

- Advertisement Friend Walk-in
 Employment Agency Relative Other _____

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number(s)	E-Mail Address		

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

Have you been previously employed with Leavenworth County? Yes No

If yes, give date _____

Are you currently employed? Yes No

Do you have a valid driver's license? Yes No

On what date would you be available for work? _____

Check your availability to work Full Time Part Time Shift Work Temporary

Are you willing to work overtime if needed? Yes No

Are you currently or have you ever been a member of KPERS? Yes No

Are you a citizen of the United States? Yes No

Have you ever plead "guilty" or "no contest" to, been placed in a diversion program for, or been convicted of any crime other than a minor traffic violation? Yes No

Answering "YES" to this question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the offense, rehabilitation and position applied for will be taken into account.

Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please attach another page.

Employer:	Phone:
Address:	
Job Title:	Hourly Rate:
Supervisor:	
Reason for Leaving:	Hire Date:
May we contact employer?	Term Date:
Work Performed:	

Employer:	Phone:
Address:	
Job Title:	Hourly Rate:
Supervisor:	
Reason for Leaving:	Hire Date:
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Work Performed:	

Employer:	Phone:
Address:	
Job Title:	Hourly Rate:
Supervisor:	
Reason for Leaving:	Hire Date:
May we contact employer?	Term Date:
Work Performed:	

Are you related to any county employee, appointed or elected official? _____
 If yes, please identify the person and the relationship. _____

WHO TO CONTACT IN CASE OF AN EMERGENCY:		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Education

	Name of School	Course of Study	Years Completed	Diploma Degree (Y/N)
High School				
Undergraduate College				
Graduate Profession				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities you feel would attribute to your employment with Leavenworth County.

Other Qualifications and/or Specialized Skills
Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Name:	Phone:
Email:	
Name:	Phone:
Email:	
Name:	Phone:
Email:	

Important Information

Leavenworth County is committed to equitable treatment for all employees and to compliance with all applicable federal, state and local equal employment opportunity provisions in the workplace.

Leavenworth County, Kansas, complies with all state, federal and local rules and regulations regarding applicants and employees with disabilities. Reasonable accommodations will be made for applicants and employees if they are able to perform the essential functions of the job, as long as the accommodation does not cause undue hardship on the County.

Employees of Leavenworth County are “at will” employees and neither the submission of this application nor the tender of an offer of employment constitutes a contract for future or continued employment.

Workers’ Compensation – Leavenworth County will furnish all necessary medical treatment under a Workers’ Compensation Claim for job related injuries and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00.

Pre-Employment Testing - After receiving a conditional offer of employment, you may be required to complete a physical examination, and in certain positions a physical Capacity profile, as to your physical condition to insure that you are not placed in a position which might impair your health or which might be a hazard to you or to others. Payment for the physical examination and Physical Capacity Profile will be the responsibility of the county. Only after meeting all requirements of these certifications may the person be placed on the County payroll.

Pre-Employment Drug Testing - Leavenworth County has adopted a drug free work place. All applicants must be screened for abuse or use of illegal, prescribed substances prior to employment. Failing to appear for the appointment and positive test showing the presence or use of illegal, prescribed substances will disqualify an applicant for employment for one (1) year.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the county’s service if I have been employed. I hereby authorize and give the County the right to investigate all references and to secure additional information about me. If job related, I hereby release from liability the County and its representative for seeking such information and all other persons, cooperation’s or organizations from furnishing such information.

DATE

SIGNATURE OF APPLICANT

DATE

APPLICATION RECEIVED BY

Application Submission

This application may be submitted electronically to hr@leavenworthcounty.gov
Please note, applications are not retained if you are not applying for a posted position.

LEAVENWORTH COUNTY APPLICATION

Federal Reporting Statistics

The information requested below will be used to meet federal record keeping requirements. Your participation is completely voluntary and will not affect your employment opportunities. Please complete all items that apply to you. Thank you for your cooperation.

Applicant Profile

Birthdate (mm/dd/yyyy): _____

Sex: Male Female

Education Level:

- Less Than High School
- High School/GED
- Trade School
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional Degree
- Other Doctorate
- PHD

Referral Status:

- Other Public Agency
- Private Agency
- Newspaper Advertisement
- HRePartners Web Site
- Personal Referral
- College Recruitment
- Walk-IN
- Kansas Job Services
- Job Fair
- Other Referral

Declared Race or Ethnic Group:

- American Indian or Alaskan Native
- Black or African American
- Caucasian
- Asian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other Race

Military Status:

- Active Reserve
- Inactive Reserve
- Retired Military
- Vietnam Era
- Other Veteran
- No Military