Stafford County is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the County Clerks' Office.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the US will be required if an employment offer is made.

NameLast	First	Midd	le
Address Street Apt #	City	ST	Zip
Telephone	Current Drivers' Licen:	seYesN	0
Position(s) applied for:			_
Have you applied here before? Yes No If ye	es, give date		
Have you been employed by here before? Yes	No If yes, give date		
Are you employed now? Yes No On what da	ate are you available for work?		
Are you available to work Full time Part Tim	e Shift work Tempor	rary	
What language(s) do you speak fluently? List			
Are you 18 or older? Yes No			
Have you been convicted of a felony or misdemeanor of Yes No If yes, please complet		ns?	
Conviction	Location	Date	
Result or outcome	ly be a bar to employment.		

Stafford County is an Equal Opportunity/Affirmative Action Employer

EDUCATION

	High School	Trade School(s)	College / University
School Name			
Diploma &/or Degree Received			
Certificate Received			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

List your past four (4) employers including military and voluntary service assignments. Start with your present or most recent job. Attach an additional sheet if necessary.

Employer	Tele	ephone	
AddressStreet / Apt #	City	St	Zip
Job Title	Supervisor		
Dates Employed - fromto	Salary - Starting \$	Ending <u>\$</u>	
Reason for Leaving			
Essential Duties			
May we contact? Yes No			
Employer		ephone	
Address			
Street / Apt #	City	St	Zip
Job Title	Supervisor		
Dates Employed - fromto	Salary - Starting \$	Ending <u>\$</u>	
Reason for Leaving			
Essential Duties			
May we contact? Yes No			

APPLICATION FOR EMPLOYMENT

STANDARD EMPLOYEES

STAFFORD COUNTY, KS

Employer	Tele	ephone	
AddressStreet / Apt #			
Street / Apt #	City	St	Zip
Job Title	Supervisor		
Dates Employed - fromto	Salary - Starting \$	Ending <u>\$</u>	
Reason for Leaving			
Essential Duties			
May we contact? Yes No			
Employer	Tele	ephone	
AddressStreet / Apt #	City	St	Zip
	•		
Job Title	Supervisor		
Dates Employed - fromto	Salary - Starting \$	Ending <u>\$</u>	
Reason for Leaving			
Essential Duties			
May we contact? Yes No			
Employer	Tele	ephone	
AddressStreet / Apt #	City	St	Zip
Job Title	Supervisor		·
Dates Employed - fromto			
		Liidiiig ψ	
Reason for Leaving			
Essential Duties			
May we contact? Yes No			

APPLICATION FOR EMPLOYMENT

STANDARD EMPLOYEES STAFFORD COUNTY KS

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, religio gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected statu	

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 inform	mation you would like us to consider		

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

AUTHORIZATION TO RELEASE INFORMATION

✓ References

I authorize Stafford County to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, 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. 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.

Name – Printed	Signature
Date	
July	
Maiden Name and/or other names known by _	
Birth Date	Social Security Number
Drivers' License Number	State Issued:
Stafford County may or may not verify informa ✓ Law Enforcement ✓ Prior Employment	ation provided by applicant utilizing the following resources:

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.

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
Name – mileu	Jighature
Date	

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
	J
Date	
County Clerks' Rep Signature	Title
, ,	
Date	