LEAVENWORTH COUNTY

Application for Employment

For employment opportunities, visit http://www.leavenworthcounty.gov/information/job openings

(PLEASE PRINT)

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.

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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 Init	tial
Address	City	State	Zip Code	
Telephone Number(s)		E-Mail A	ddress	
If you are under 18 years of age, can you provide re	quired proof of your elig	ibility to work?	∏Yes	□No
Have you been previously employed with Leavenworth County?			□Yes	□No
mare you been premously employed that rearement	•	, give date		
	ii yes	, give uate		
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	me Part Tim	eShif	t Work Ten	nporary
Are you willing to work overtime if needed?			□Yes	□No
Are you currently or have you ever been a member	of KPERS?		Yes	□No
Have you ever plead "guilty" or "no contest" to, been minor traffic violation?	en placed in a diversion p	program for, or	been convicted of a	ny crime other than a
Answering "YES" to this question does not constitut seriousness and nature of the offense, rehabilitation				ite of the offense,

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.

<u> </u>		
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:
May we contact employer?		Term Date:
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 elec	cted official?
If yes, please identify the pers	son and the relationship	
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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)					
5 1					
Describe any specialized training, apprenticeship, skills and extra-curricular activities you feel would attribute to your employment with Leavenworth County.					
Other Qualificati	ons 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 ensure 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.