

# Application for Employment

Smith 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 Human Resource Department.

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 U.S. will be required if an employment offer is made.

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Name \_\_\_\_\_  
                    *Last*  *First*  *Middle*

Address \_\_\_\_\_  
                    *Street*                                    *Apt. #*                    *City*                    *State*                    *Zip Code*

Telephone \_\_\_\_\_ Current Driver's License (if applicable) \_\_\_ Yes \_\_\_ No

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Position(s) applied for: \_\_\_\_\_

Have you applied here before? \_\_\_ Yes \_\_\_ No If yes, give date: \_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No On what date are you available for work? \_\_\_\_\_

Are you available to work \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Shift work \_\_\_ Temporary

What languages do you speak fluently (if applicable)? List: \_\_\_\_\_

Are you 18 or older? \_\_\_ Yes \_\_\_ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

\_\_\_ Yes \_\_\_ No

If yes, please complete the following (*a conviction record will not necessarily be a bar to employment*):

Conviction: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Result or outcome: \_\_\_\_\_

**SMITH COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

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## EDUCATION

|                                 | High School | Trade Schools | College/University |
|---------------------------------|-------------|---------------|--------------------|
| <b>School Name</b>              |             |               |                    |
| <b>Diploma/Degree</b>           |             |               |                    |
| <b>Certificate Received</b>     |             |               |                    |
| <b>Describe Course of Study</b> |             |               |                    |

## EMPLOYMENT EXPERIENCE

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

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_



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## 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.

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| <i>Name</i> | <i>Occupation</i> | <i>Company</i> | <i>Phone Number(s)</i> |
|-------------|-------------------|----------------|------------------------|
|-------------|-------------------|----------------|------------------------|

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| <i>Name</i> | <i>Occupation</i> | <i>Company</i> | <i>Phone Number(s)</i> |
|-------------|-------------------|----------------|------------------------|
|-------------|-------------------|----------------|------------------------|

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| <i>Name</i> | <i>Occupation</i> | <i>Company</i> | <i>Phone Number(s)</i> |
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List any additional information you would like us to consider.

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## ACKNOWLEDGEMENT

I understand that Smith 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, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize Smith 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 Smith 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 Smith 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 Smith 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 Smith County has the authority to make any assurance to the contrary.

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Signature

Date

# Application for Employment

## AUTHORIZATION TO RELEASE INFORMATION

I authorize Smith 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 Smith County.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maiden Name and/or other names known by: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State driver's license issued: \_\_\_\_\_

Smith County currently verifies information with:

- Bureau of Investigation
- Prior employment
- References

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 our employment decision.

I authorize the County to make whatever inquires 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 the 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 inquires at the request of the County, and to compile and furnish any information it may have or obtain in response to such inquires. 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 Smith County Sheriff's Department, 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 agency or entity for purpose of obtaining my criminal history record,

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 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 Rules and Regulations, which may be changes 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.

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Date

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Applicant's Signature

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the Smith County Sheriff's Dept. to make any inquiries to  
(Print Name)  
My present and past Employers regarding character, integrity, work ethics and reputation.

Exceptions, if any:

EXCEPTION(S): (Make note if you do not wish your present employer to be contacted and why)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cellular Number \_\_\_\_\_

Work Number \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

Commission Expires \_\_\_\_\_

(Notary Seal)



**APPLICANT AFFIRMATION OF  
DRUG AND ALCOHOL TESTING POLICY**

**STATEMENT OF POLICY**

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

Smith County is concerned with the safety and well being of its employees. Smith 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 Smith County that all applicants, for safety sensitive positions, who receive a conditional offer of employment, 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 Smith County for the cost of the retest \$150.00.

**AFFIRMATION OF POLICY**

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

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Applicant Name (Please Print)

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Applicant Signature

Date

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Smith County Representative

Date