Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
How Did You Learn About Us? ☐ Advertisement ☐ Friend / Relative_____			☐ Employment Agency ☐ Walk-In
Rate of Pay Expected _____			
Last Name	First Name		Middle Name
Street Address	City	State	Zip Code
Telephone Number(s)			

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 _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

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

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

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, handicap, or other protected status.

1. Employer	**Dates Employed** **From To**	**Work Performed**
Address		
Telephone Number(s)	**Supervisor**	
Job Title		**Reason for Leaving**
2. Employer	**Dates Employed** **From To**	**Work Performed**
Address		
Telephone Number(s)	**Supervisor**	
Job Title		**Reason for Leaving**
3. Employer	**Dates Employed** **From To**	**Work Performed**
Address		
Telephone Number(s)	**Supervisor**	
Job Title		**Reason for Leaving**
4. Employer	**Dates Employed** **From To**	**Work Performed**
Address		
Telephone Number(s)	**Supervisor**	
Job Title		**Reason for Leaving**

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

Special Skills and Qualifications

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

Education

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School name and location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No
If Yes, please describe

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 of time not to exceed 90 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 that 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. Further, I understand that I have read and understand the physical requirements of the position for which I am applying.

I understand that as an employee of KCCDD, I would be working in direct contact with individuals having a variety of mental and/or emotional disabilities who can be aggressive, passive, easily influenced, manipulated, or otherwise difficult to deal with. For these reasons, I understand that a personal history questionnaire is necessary as a part of the employment application process. I willingly will complete the questionnaire and authorize a background check.

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Date of Hire:_____ **Job Title / Department:** _____

Position Code:_____ **Employee / PIN #:** _____

Classification: ☐ **Full-Time Regular** ☐ **Part-time Regular** ☐ **Full-Time Temporary** ☐ **Part-Time Temporary**

Benefits: ☐ **Plan A** ☐ **Plan B** ☐ **Plan C**

Non-Exempt / Hourly $_____**/ Hour** **Exempt / Salaried $**_____**/ Annually**

_____ _____

Approved By **Date**

_____ _____

Authorized By **Date**

Entered Into RS2:_____ **Notifications Sent:** _____

Date / Initials **Date / Initials**