

BARTON COUNTY

Employment Application

1400 Main – Room 107, Great Bend, KS 67530
 (620) 793-1800 • www.bartoncounty.org



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Driver's License #				Desired Salary		
Position Applied for										
Are you available to work:				<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> On call as needed	<input type="checkbox"/> Temporary		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Have you ever worked for the County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
How did you hear about the open position?	Newspaper <input type="checkbox"/>	Internet / Web Posting <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Other <input type="checkbox"/>	_____					

EDUCATION

High School				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other				Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							

REFERENCES

Please list three professional references. Do include one employer. Do not include relatives.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Honorable discharge from military service, when

SPECIALIZED SKILLS

Microsoft Word Microsoft Excel Microsoft Outlook Microsoft Access Microsoft PowerPoint

Microsoft Publisher QuickBooks Driver's License Type "A" "B" "C"

Equipment / Machinery Operated (list) _____

Other (list) _____

OTHER QUALIFICATIONS

Other skills, abilities, qualifications, certifications, specialized or technical training not previously listed that may be relevant to this position. Additional sheets or a resume may be attached.

DISCLAIMER AND SIGNATURE

ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained in this employment application as may be necessary in arriving at an hiring decision. I acknowledge that this may include an investigation of my driving record and/or criminal background.

I understand, that as a condition of employment, I will be subject to a physical examination to determine if I am capable of performing the duties to which I would be assigned. I will also be subject to a pre-employment drug test. I further understand that the results of such tests will remain confidential. Barton County will pay for all initial testing.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Barton County is of an "at will" nature. This 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 understand 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 Barton County official.

I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected because of race, color, religious creed, national origin, sex, age, handicap, or marital status.

By signing this application, I acknowledge that I am the individual whose name appears on the application. Once signed, the application can be submitted in person, via mail, email, or fax. Barton County will treat both original and electronic signatures as an original signature. Applications must be received by the closing date and time of the open application period in order to be considered. Applications will be accepted only during open application periods.

Applications will remain on file in the Barton County Human Resources Office for two years from the date of admittance. If I wish for my application to be reviewed for any other job opening, I must notify the Barton County Human Resources Office during the announced application period.

Signature	Date
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