



431 Lincoln St., Wamego, KS 66547 Phone: 785.456.9181 Fax: 785.456.8986

Application for Employment

Personal Information

First Name:	Last Name:	M.I.:
Street Address:	Apt #:	
City:	State:	Zip:
Home Phone #:	Mobile Phone #:	
Email Address:		
Social Security #:	How long at current address?:	

Job Information

Position Applied For:	Hours of Availability	
Salary Desired:	Mon:	Fri:
Number of hours per week you can work:	Tue:	Sat:
Can you work nights?	Wed:	Sun:
When are you available to start?	Thu:	No Preference:
Employment Desired:	<input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full or Part-Time	

Schooling

High School		
Name	Years Completed:	
Address	Graduate?	
	Graduation Date:	
College		
Name	Years Completed:	
Address	Major/Degree:	
	Graduate Date:	
Additional Schooling		
Name	Years Completed:	
Address	Major/Degree:	
	Graduate?	

Other Information

Have you ever been convicted of a crime?		
If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation.		
What is your means of transportation to work?		
Do you have a driver's license? _____ Have you had any accidents in the past three years? _____ Have you had any moving violations in the past three years? _____		
Driver's License Number:	Expiration date:	State of Issue:

References: *Please list two professional references.*

Name	Name
Position	Position
Company	Company
Address	Address
Telephone #	Telephone #

Additional Information: *Use the space below to summarize any additional information you feel is necessary to describe your full qualifications for the job for which you are applying.*

Work Experience: Please list your past five (5) years work experience, beginning with your most recent job held. Attach additional sheets if necessary.

Employer #1	Name of Last Supervisor:
Address	Employment Dates: From: To:
	Pay or Salary: Starting: Ending:
	Last Job Title:
Reason for Leaving (Be specific):	
Job Duties (Be specific):	
Employer #2	Name of Last Supervisor:
Address	Employment Dates: From: To:
	Pay or Salary: Starting: Ending:
	Last Job Title:
Reason for Leaving (Be specific):	
Job Duties (Be specific):	
Employer #3	Name of Last Supervisor:
Address	Employment Dates: From: To:
	Pay or Salary: Starting: Ending:
	Last Job Title:
Reason for Leaving (Be specific):	
Job Duties (Be specific):	

Military Experience

Have you ever served in the United States Armed Forces?		
Are you currently in the United States National Guard?		
Specialty:	Date entered:	Discharge Date:

May we contact your present employer? ___Yes ___No

Did you complete this application yourself? ___Yes ___No

- If 'no', who did and why? _____

By signing below, you are agreeing that all information you have provided is true and correct to the best of your knowledge. Any falsification may result in disciplinary action, up to and including termination.

Applicant's Signature: _____ Date: ____/____/____