APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other _____

Last Name	First Name	Middle Name

Address *Number*	*Street*	*City*	*State*	*Zip Code*

Telephone Number(s)	Social Security Number (Voluntary)

Best time to contact you at home is: ____:_____ AM PM

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 _____

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

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
Proof of citizenship or immigration status will be required upon employment. ..... ☐ Yes ☐ No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work:
☐ Full-Time (please indicate 1 2 3 shift)
☐ Part-Time (please indicate Mornings Afternoon Evenings)
☐ Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

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

Have you been convicted of a felony within the last five years? ..... ☐ Yes ☐ No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

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

_____

_____

_____

Specialized Skills (Check Skills/Equipment Operated)

___Terminal	___Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ____YES ____NO

References

1. _____ (_____) _____
(Name) Phone #

_____
(Address)

2. _____ (_____) _____
(Name) Phone #

_____
(Address)

3. _____ (_____) _____
(Name) Phone #

_____
(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

_____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 45 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.

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

_____ _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Re-order Form #32213 (32214 imprinted) ©copyright 1999 Amsterdam Printing and Litho, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamprintingforms.com

Amsterdam

(EXHIBIT D) COFFEY COUNTY (APPLICANT)

AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

Coffey County is committed to ensure a safe drug and alcohol-free workplace for all Coffey County employees and the general public. As a public employer, Coffey County has a compelling interest in establishing reasonable condition of employment. Prohibiting employee drug and alcohol use is one such condition.

Coffey County is concerned with the well being of its employees and the need to maintain employee productivity. The intent of the Drug Free Workplace Program is to offer a helping hand to those who need it, while sending a clear message that any illegal drug or alcohol use is contradictory with public services and WILL NOT BE TOLERATED!

It is the policy of Coffey County that ALL applicants who receive a conditional offer of employment submit to a drug test to document they are drug free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment or 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 any Coffey County employment for two years from the date of the disqualification action.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand the Drug Free Workplace 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 Coffey County, I agree to abide by all provisions of the Coffey County Drug and Alcohol Testing Policy as a condition of my continued employment with Coffey County.

_____
APPLICANT NAME (Please print)

_____ _____
APPLICANT SIGNATURE DATE

_____ _____
COFFEY COUNTY CONTACT PERSON DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, U.S. SELECTIVE SERVICE SYSTEM, MARITIME SERVICE, VETERANS ADMINISTRATION, OR ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL (COLLEGE, BUSINESS, TRADE OR HIGH SCHOOL), OR ANY PAST OR PRESENT EMPLOYER, NEIGHBOR, FRIEND, ASSOCIATE, OR ANY CREDIT BUREAU, RETAIL MERCHANTS ASSOCIATION, BANK, FINANCIAL INSTITUTION, ANY OTHER CREDIT EXTENDING ORGANIZATION, OR ANY COUNTY, CITY, STATE, OR FEDERAL GOVERNMENT AGENCY.

I, _____, am aware that my entire background is to be investigated
for purposes of Law Enforcement Employment and access to CHRI and hereby authorize and request the release of any and all information you have concerning me, including expunged records, but excluding bank or savings and loan association account balances, to the Coffey County Sheriff's Office or its agents. I hereby designate the Coffey County Sheriff's Office as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs, or associates as a result of giving such information, except that I do not release anyone who gives information that they know is false, deliberately intending to harm me or one of my family, heirs, or associates.

I DO DO NOT have a criminal record. If I do, it should be filed in the following locations,

_____

_____

I DO DO NOT have an expunged criminal record. If I do, it should be filed in the following locations,

_____

_____

I swear or certify under penalty of perjury that the above statements are true and correct to the best of my knowledge.

A Photocopy of this release is as valid as the original.

_____
Signed

Subscribed and sworn before me this _____ day of _____, 20_____.

_____
Notary Public
SEAL:

My Commission expires _____.

DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION VERIFICATION RELEASE FORM

49 CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to an applicant/employee's consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years. As a previous employer, you are required to release this information immediately to the agency listed below 49 CFR, part 40.25(h).

Agency requesting information: Coffey County
c/o Donna Berland, Administrative Assistant

Address: Coffey County Courthouse
110 S. 6th Street

City, State, Zip: Burlington, KS 66839

Phone, Fax (620) 364-2683 (620) 364-8531

I, _____ Social Security Number _____-_____-_____
Print applicant/employee name

have made application for hire or transfer on _____ and give consent to:
Date of application

Previous employers name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

to provide information concerning my drug and alcohol-testing records for the past two (2) years, from the date above, in compliance with 49 CFR, part 40.25.

(1) Did this employee perform for you safety sensitive work as defined by DOT regulations? Yes / No

(2) Do you have knowledge of any alcohol tests with a result of 0.04 or higher alcohol concentration in the past two (2) years? Yes / No. If yes, what was the date_____.

(3) Do you have knowledge of any verified positive drug tests in the past two (2) years? Yes / No. If yes, what was the date _____.

(4) Do you have knowledge of any refusals to be tested in the past two (2) years (including verified Adulterated or substituted drug test results)? Yes / No. If yes, what was the date _____.

(5) If the answer to any question 2-4 is Yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests.

Name and title of person completing this form: _____
Name Title

_____
Telephone Number Date

Applicant/Employee Signature: _____ Date: _____

Revision date 08/01/2001 includes technical revisions 08/09/2001