



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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PLEASE PRINT

Position/s \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile/Cell Phone \_\_\_\_\_

Business Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

How were you referred to us?

- |   |                                 |                                    |  |
|---|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Newspaper ad     | <input type="checkbox"/> School | <input type="checkbox"/> On my own | <input type="checkbox"/> Internet Web Site |
| <input type="checkbox"/> Current employee | <input type="checkbox"/> Agency | <input type="checkbox"/> Other     |  |

Name of referral source: \_\_\_\_\_

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RETURN COMPLETED APPLICATION TO  
THE RILEY COUNTY CLERK'S OFFICE  
DIVISION OF HUMAN RESOURCES  
110 COURTHOUSE PLAZA  
MANHATTAN KS 66502  
PHONE (785) 537-6303 , FAX (785) 537-6394

Please note: This application form was designed for use by persons applying for various types of positions--clerical, professional, technical, and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially. Alternate formats or assistance with completing this application is available on request.

**TYPE OF WORK DESIRED**

Indicate the position(s) for which you are applying: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

**SKILLS**

Keyboarding speed: \_\_\_\_\_ words per minute; Software: \_\_\_\_\_

Other computer experience: \_\_\_\_\_

Other business machines you can operate: \_\_\_\_\_

Construction equipment you can operate: \_\_\_\_\_

Other: \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name and Complete Address for each Listing	Number of Years completed	Degree, Major or Type of Courses
High School			
College			
Graduate School			
Trade, Business, Night, Other			

**MILITARY EXPERIENCE**

Were you in U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Briefly describe any job-related experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List present employer or most recent employer first (use the back page of the application form if additional space is Necessary). May we contact these employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Title of your Job: \_\_\_\_\_  
Address: \_\_\_\_\_ Began: \_\_\_\_\_ Ended: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's name and phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: start \_\_\_\_\_ end \_\_\_\_\_  
Duties:  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
# of People Supervised \_\_\_\_\_ for \_\_\_\_\_ years \_\_\_\_\_ Months (length of time)  
List machines or equipment used regularly in the work of this position.

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Employer: \_\_\_\_\_ Title of your Job: \_\_\_\_\_  
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Type of Business: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's name and phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: Start \_\_\_\_\_ end \_\_\_\_\_  
Duties:  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
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Duties:  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
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Duties:  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_  
# of People Supervised \_\_\_\_\_ for \_\_\_\_\_ years \_\_\_\_\_ Months (length of time)  
List machines or equipment used regularly in the work of this position.

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**GENERAL INFORMATION**

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously applied for employment here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you previously been employed by Riley County? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are any of your relatives employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name/s and department/s: \_\_\_\_\_

**REFERENCES**

Name and Address	Occupation	Phone

**DRIVING RECORD**

Do you have:

A valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

A valid Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you had:

A moving violation with the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

An accident within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any YES answers:

\_\_\_\_\_  
\_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. Attach additional sheets if necessary (you may exclude all information indicative of age, sex, race, religion, color, national origin, marital status, or disability).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AGREEMENT

(Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the elected official or department head in charge of the position for which I am hired or myself. I understand that no official or county employee other than the Board of Commissioners of Riley County has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I hereby authorize the investigation of all statements made in this application and I hereby release from liability all person, companies, or corporations supplying any information concerning me. My signature authorizes Riley County to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees, and information needed to obtain a criminal background check. I further authorize collection of any employment-related information deemed necessary from former employers or personal references.

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Signature

Date

[NOTE: A signature is required. If this page is returned electronically (e-mail), please print, sign and mail or fax this page.]

RILEY COUNTY  
AFFIRMATION OF  
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

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

Riley County is concerned with the well-being of its employees and the need to maintain employee productivity. The intent of Riley County's 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 Riley County that all applicants for safety sensitive positions who receive a conditional offer of employment submit to a drug and alcohol test to document they are drug and alcohol 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 other application for county employment for a period of two years from the effective date of the disqualification action.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand Riley County's Drug Free Workplace Statement of Policy noted above, and I am aware that any offer of employment for a safety sensitive position is conditional upon my taking a drug and alcohol test and the results thereof. If the position I am applying for is not safety sensitive, I understand I must submit to drug and alcohol testing upon a showing of reasonable cause. If hired into a position for Riley County, I agree to abide by all provisions of this anti-drug policy as a condition of my continued employment with the County.

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RILEY COUNTY REPRESENTATIVE

\_\_\_\_\_  
DATE

## SELF IDENTIFICATION

**NAME:**

**POSITION FOR WHICH YOU ARE APPLYING:**

We, as an employer, wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the disabled, disabled veterans, and veterans who served on active duty during the Vietnam-era for more than 180 days. **SUBMISSION OF THIS INFORMATION BY YOU IS VOLUNTARY.** Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

### APPLICANTS IDENTIFYING THEMSELVES AS DISABLED:

1. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? yes no
2. What reasonable accommodation, if any, would you need?

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You are not required to provide the above information. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary, or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

### APPLICANTS IDENTIFYING THEMSELVES AS DISABLED OR VIETNAM-ERA VETERANS:

1. Are you a disabled veteran? yes no
2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? yes no

### APPLICANTS IDENTIFYING THEIR SEX AND RACE

#### SEX CLASSIFICATION

- Male Female

#### EEO CLASSIFICATION

- White (not of Hispanic Origin)  
Black (not of Hispanic Origin)  
Hispanic  
Asian or Pacific Islander  
American Indian or Alaskan Native

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Signature

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Date