

P.O. Box 229 Lindsborg, KS 67456

Office 785-227-8770

Mobile 620-242-7976

Employment Application

Notice: Substance and Alcohol Testing is required of applicant.

Applicant Information										
Full Name:	Last	First		Date:	Date:					
Address:	Last	FIISI		171.1.						
, laurooo.	Street Address			Apa	rtment/Unit #					
	City			State ZIP	Code					
Phone:				Email						
Date Available: Social Security No.:			/ No.:	Desired Salary: <u>\$</u>						
Position Applied for:										
Are you a citizen of the United States?		YES	NO □	If no, are you authorized to work in the U.	YES NO no, are you authorized to work in the U.S.? \Box					
Have you ever worked for this company?		YES	NO □	If yes, when?						
		YES	NO □							
If yes, explain:										

Summarize Your Skills or Qualifications

Drivers License Information

Drivers License Number:	Expiration Date:
Class:	State Issued In:

Previous Employment										
Company:		Phone:								
Address:		Supervisor:								
Job Title:	Starting S	Ending Salary: <u>\$</u>								
Responsibili	ties:									
From:	То:									
May we cont	tact your previous supervisor for a reference?	YES	NO □							
Company:				Phone:						
Address:				Supervisor:						
Job Title:	Starting S	Starting Salary:								
Responsibili	ties:									
From:	То:	Reason	for Leaving:							
May we cont	tact your previous supervisor for a reference?	YES	NO							
Company:				Phone:						
Address:				Supervisor:						
Job Title:	Starting Salary:			Ending Salary: \$						
Responsibili	ties:									
From:	То:	Reason	for Leaving:							
May we cont	tact your previous supervisor for a reference?	YES								
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date:_____