

## 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<br>□ | 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<br>□ | If yes, when?                               |   |  |  |  |  |  |
|   |                | YES   | NO<br>□ |   |   |  |  |  |  |  |
| If yes, explain:                        |                |       |         |   |   |  |  |  |  |  |

Summarize Your Skills or Qualifications

## Drivers License Information

| Drivers License<br>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<br>□      |                          |  |  |  |  |  |  |
|  |  |                          |              |                          |  |  |  |  |  |  |
| 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: <b>\$</b> |  |  |  |  |  |  |
| 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:\_\_\_\_\_