

# EMPLOYMENT APPLICATION



## APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1700 E. Essex Rd; Hutchinson, KS 67501  
phone:620-500-5940

1. Please read "APPLICANT NOTE."
2. Complete all sides of this form, even if you also submit a resume.
3. If more space is needed to complete any question, use the additional information section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Complete this form in your own handwriting.

TODAY'S DATE: \_\_\_\_\_ SS #: \_\_\_\_\_  
MONTH DAY YEAR

NAME: \_\_\_\_\_  
LAST FIRST M.I.

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without unlawful discrimination based on sex, age, race, color, religion, national origin, ancestry, marital status or disability. Conviction of a crime will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review, including a drug test. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## GENERAL INFORMATION

For which position are you applying? \_\_\_\_\_ What date can you start? \_\_\_\_\_

Salary or wage desired: \_\_\_\_\_ Are you currently employed?  No  Yes. May we inquire of your present employer?  No  Yes

Are you legally eligible for employment in the U.S.A.?  Yes  No Are you currently on "lay-off" status and subject to recall?  Yes  No

How Did You Learn About Us?  Advertisement \_\_\_\_\_  Employment Agency \_\_\_\_\_  Walk-In  Online/Internet

Friend/Relative \_\_\_\_\_  Other \_\_\_\_\_

Have you ever worked for this company?  Yes  No When? \_\_\_\_\_ What Dept.? \_\_\_\_\_

Are you related to anyone working for this company?  No  Yes. What relationship? \_\_\_\_\_

Have you used any names other than those on this page?  Yes  No If so, please list here: \_\_\_\_\_

Are you able to work overtime if required?  Yes  No

Do you have reliable transportation that will enable you to be a dependable employee?  Yes  No

## SECURITY

Yes  No If the job requires, do you have the appropriate valid drivers license?  
 DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue: \_\_\_\_\_

Yes  No Have you had any moving violations? Please describe \_\_\_\_\_  
*\*If criminal charges are pending as of the date you complete this application, and the company hires you, you agree to notify Human Resources within 30 days of the final disposition of those charges.*

Yes  No Have you ever been convicted of any crimes - this includes pleading guilty or no contest or being placed on diversion? If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

DATE	CITY / STATE	INCIDENT/CHARGE
1. _____	_____	_____
2. _____	_____	_____

## EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY / STATE	DATES	GRADUATE?
HIGH SCHOOL		<del>XXXX</del>	
COLLEGE			
OTHER			

## JOB-RELATED SKILLS

**NOTE:** Do not fill out any part of this section you believe to be non-job related.

Apprenticeship Served: Company \_\_\_\_\_

Location: \_\_\_\_\_ Number of Years Served: \_\_\_\_\_

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Please list other licenses or certificates that may be job-related or that you feel would be of value to this job or company:

## EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Please list all previous employers. We will make every effort to contact previous employers. Please mark the correct box in "REASON FOR LEAVING" and explain the reason on the line where indicated.

### MOST RECENT EMPLOYER

PHONE NUMBER

( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PAY \_\_\_\_\_ PER \_\_\_\_\_  
 (HOUR, WEEK, MONTH) REASON FOR LEAVING:  QUIT  DISMISSED  OTHER (Explain above)

### SECOND MOST RECENT EMPLOYER

PHONE NUMBER

( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PAY \_\_\_\_\_ PER \_\_\_\_\_  
 (HOUR, WEEK, MONTH) REASON FOR LEAVING:  QUIT  DISMISSED  OTHER (Explain above)

### THIRD MOST RECENT EMPLOYER

PHONE NUMBER

( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PAY \_\_\_\_\_ PER \_\_\_\_\_  
 (HOUR, WEEK, MONTH) REASON FOR LEAVING:  QUIT  DISMISSED  OTHER (Explain above)

