

SEDGWICK COUNTY

Employee Application

Applicant Information			
Full Name:			
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date</i>
Address:			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone:		Email:	
Date Available:		Social Security No:	
Position applied for:		Desired Salary:	
Willing to do Shift Work?	YES	NO	Willing to work Holidays? (certain depts)
			YES
			NO
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?
			YES
			NO
Have you ever worked for this company?	YES	NO	If yes, when?:

Background	
<i>If you answer "YES" to any questions below, explain in full as necessary on a separate sheet:</i>	
Have you ever been convicted of a felony?	YES NO
Have your driving privileges ever been suspended in this or any other state?	YES NO

Optional Information			
Driver's License # or State ID #		Driver's License Expiration Date	
Motor Vehicle License Type		Foreign Language Ability	

Education				
High School:		Address:		
From:	To:	Did you graduate?	YES	NO
College:		Address:		
From:	To:	Did you graduate?	YES	NO
		Degree:		
Other:		Address:		
From:	To:	Did you graduate?	YES	NO
		Degree:		

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Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
<i>If other than honorable, explain:</i>		

Previous Employment

Company	Phone:	
Address of Employer:	Supervisor:	
Title/Position	Length of employment	
Starting Salary/ Ending Salary	From/ To	
Reason for leaving?		
May we contact your previous supervisor for a reference?	YES	NO

Company	Phone:	
Address of Employer:	Supervisor:	
Title/Position	Length of employment	
Starting Salary/ Ending Salary	From/ To	
Reason for leaving?		
May we contact your previous supervisor for a reference?	YES	NO

Company	Phone:	
Address of Employer:	Supervisor:	
Title/Position	Length of employment	
Starting Salary/ Ending Salary	From/ To	
Reason for leaving?		
May we contact your previous supervisor for a reference?	YES	NO

References

Full Name:	Relationship:
Company/Address:	Phone:
Full Name:	Relationship:
Company/Address:	Phone:
Full Name:	Relationship:
Company/Address:	Phone:

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Certifications

If pertain directly to the position applying for please include copies.

(Examples: CDL, POST, EMT, ETC)

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

Dated this _____ day of _____ 20_____

Signed: _____