



# Miami County, Kansas

Miami County is an Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Please type or print in black or blue ink. If application is filled out in its electronic format, use the tab key to move through the form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Last (print above)                      First                      Middle                      Social Security Number

\_\_\_\_\_  
Address (street, apt. #)                      Phone: Home

\_\_\_\_\_  
City, State, Zip Code                      Phone: Business/Cell/Other

\_\_\_\_\_  
E-mail Address

Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you, at least, 18 of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, could you travel if required for your position? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

Have you ever been convicted of an offense other than a minor traffic violation?  Yes  No  
*If yes, give the dates and explain conviction. This will not automatically exclude you from consideration.*

\_\_\_\_\_

Have you ever been employed by Miami County before?  Yes  No                      *If yes:* Position & Department: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_

Do you have any relatives working for Miami County?  Yes  No                      *If yes:* \_\_\_\_\_  
Name                      Position/Department

**POSITION OBJECTIVE** (write below)

For what position(s) are you applying? _____	How were you referred to Miami County?  What date could you be available to work?  Please list any days/hours in which you are regularly unavailable to work.
What are your salary requirements? _____	

Please tell us why you believe that you are qualified to perform the kind of work for which you are applying:	If you served on active duty in the United States Military and separated under honorable conditions, you may be eligible for veterans' preference. Do you satisfy the criteria for Veterans Preference, as allowed for employment in the State of Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No  More information may be obtained from the Human Resources Department.
---	--

---

**EMPLOYMENT RECORD**

---

List all employment starting with the latest employer first and activities including self-employment for the past 10 years if possible. Account for periods of unemployment. Use additional paper if necessary.

**LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST.**

---

1. Name of Employer		Address		Phone
Employed (mo/yr) From:            To:	Starting Salary	Ending Salary	Name of Supervisor	
Job Title		Dept.		Work Performed:
Reason for Leaving:				

2. Name of Employer		Address		Phone
Employed (mo/yr) From:            To:	Starting Salary	Ending Salary	Name of Supervisor	
Job Title		Dept.		Work Performed:
Reason for Leaving:				

3. Name of Employer		Address		Phone
Employed (mo/yr) From:            To:	Starting Salary	Ending Salary	Name of Supervisor	
Job Title		Dept.		Work Performed:
Reason for Leaving:				

4. Name of Employer		Address		Phone
Employed (mo/yr) From:            To:	Starting Salary	Ending Salary	Name of Supervisor	
Job Title		Dept.		Work Performed:
Reason for Leaving:				

5. Name of Employer		Address		Phone
Employed (mo/yr) From:            To:	Starting Salary	Ending Salary	Name of Supervisor	
Job Title		Dept.		Work Performed:
Reason for Leaving:				

May we contact your current employer for a reference and employment verification?  Yes  No  
If needed, may we call you at your current place of employment?  Yes  No

## EDUCATION

List all schools attended, including high school, technical/vocational, college, business, military, etc.

<i>School (write below)</i>	<i>Credit Hours</i>	<i>Did you graduate?</i>	<i>Certification or Degree Received</i>	<i>Major Subject</i>
Name: _____		Yes <input type="checkbox"/>		
City _____ State _____		No <input type="checkbox"/>		
Name: _____		Yes <input type="checkbox"/>		
City _____ State _____		No <input type="checkbox"/>		
Name: _____		Yes <input type="checkbox"/>		
City _____ State _____		No <input type="checkbox"/>		
Name: _____		Yes <input type="checkbox"/>		
City _____ State _____		No <input type="checkbox"/>		

## Special Skills and Qualifications

Summarize special training, licenses, certifications, skills and proficiencies:

## Skills Inventory-Check Acquired Skills.

### Clerical

- Typing, \_\_\_\_\_ WPM
- Shorthand, \_\_\_\_\_ WPM
- Dictaphone
- Personal Computer
- Word Processing
- Calculator
- Filing
- General Accounting
- Bookkeeping
- Payroll
- Microfilm

### Software Applications

- Beginning/Intermediate/Advanced*
- Microsoft Word: B  I  A
- Microsoft Excel: B  I  A
- Microsoft Access: B  I  A
- Other: \_\_\_\_\_ B  I  A
- Other: \_\_\_\_\_ B  I  A

### Technical

- Computer Programming
- EMT  EMICT, State: \_\_\_\_\_
- Registered Nurse, State: \_\_\_\_\_
- Surveying
- Drafting
- Cartography
- Photography
- Construction Inspection
- Operate Radio

### Valid Drivers License

- Drivers License
- State: \_\_\_\_\_
- Class.: \_\_\_\_\_
- Number: \_\_\_\_\_

### Maintenance

- Truck Driver to 1.5 tons
- Truck Driver over 1.5 tons
- Backhoe-Loader
- Grader
- Farm Tractor
- Trencher
- Bull Dozer
- Front End Loader
- Street Sweeper
- Snow Plow
- Welding
- Plumbing
- Electrical
- Carpentry
- Vehicle Maintenance
- Concrete Work
- Asphalt Work

**PROFESSIONAL REFERENCES.** Please furnish the names and addresses of three people to whom you are not related and who can attest to your work performance.

Name	Occupation
E-mail Address ( )	Business Name/Address ( )
Home Phone	Business Phone
Name	Occupation
E-mail Address ( )	Business Name/Address ( )
Home Phone	Business Phone
Name	Occupation
E-mail Address ( )	Business Name/Address ( )
Home Phone	Business Phone

**PRE-EMPLOYMENT STATEMENT & AGREEMENT - PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. **PLEASE INITIAL TO ACKNOWLEDGE AGREEMENT:** \_\_\_\_\_

I understand that, should an offer of employment be extended by Miami County that such employment is at will, for no specified duration and may be terminated by either Miami County or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Miami County or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Miami County, except the County Administrator, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the County Administrator. **PLEASE INITIAL TO ACKNOWLEDGE AGREEMENT:** \_\_\_\_\_

In consideration for employment with Miami County, if employed, I agree to conform to the rules, regulations, policies and procedures of Miami County at all times as a condition of employment. I understand that due to the nature of Miami County services, attendance and punctuality are considered essential requirements of every job at Miami County and that poor attendance or tardiness may result in disciplinary action. **PLEASE INITIAL TO ACKNOWLEDGE AGREEMENT:** \_\_\_\_\_

I understand that if offered a position with Miami County, I may be required to submit to a post-offer physical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I authorize Miami County to conduct or cause to be conducted any investigation it deems necessary and to make inquiries of my present and past employers and personal references to arrive at an employment decision. **PLEASE INITIAL TO ACKNOWLEDGE AGREEMENT:** \_\_\_\_\_

I understand that if I am hired into or transferred to a position created by leave of absence granted an employee in accordance with the several statutes governing re-employment rights of employees, e.g. entering military service or taking medical leave, and the employee on leave of absence returns to work, I may be transferred, reclassified or released at the time such employee returns. **PLEASE INITIAL TO ACKNOWLEDGE AGREEMENT:** \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature (or name and number of person completing this form if other than applicant)

\_\_\_\_\_  
Date