

104 N Main Street
PO Box 308
Haviland, KS 67059



620-862-5211
FAX: 620-862-5204

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

Name _____ Date _____
Address _____
Address _____
City/State _____ Zip _____
Soc Sec # _____ Phone _____
Position Applying For _____

Former Employment

Most Recent Employer _____ Position _____
Address of Employer _____
Address _____
City/State _____ Zip _____
Duties _____

Manager's Name _____ Salary _____ Phone Number _____
Still Employed? Yes No
Reason for Leaving _____

Previous Employer _____ Position _____
Address of Employer _____
Address _____
City/State _____ Zip _____
Duties _____

Manager's Name _____ Salary _____ Phone Number _____
Reason for Leaving _____

Previous Employer _____ Position _____
Address of Employer _____
Address _____
City/State _____ Zip _____
Duties _____

Manager's Name _____ Salary _____ Phone Number _____
Reason for Leaving _____

Have you ever been discharged or asked to resign from any position? _____
Describe Circumstances _____

Employer Contact Notice: We may contact employers listed above unless you request we do not in the space below.

Please, do not contact:

Employer: _____
Reason: _____

Education

School Type	School Name & Address	From (Date)	To (Date)	Degree/Course of Study
High School:				
Business / Tech School:				
College:				
Graduate School:				

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Miscellaneous Items:

List friends or relatives working for us: _____

List Date you could begin _____

If part time, what hours could you work? _____

Are you currently laid off and subject to recall? Yes No

Will you work overtime, if asked? Yes No

Are you eligible for employment in the United States? Yes No

List professional, trade, business, or civic organizations and activities: _____

Personal References:

Name	Address	Phone Number	Business/Occupation

Certification: Please, read carefully.

I certify that the answers given herein, and in any documents provided by me, are true, correct and complete to the best of my knowledge. I understand that any false statements on these applications materials are considered sufficient cause for dismissal. Upon submission to Company, application materials become property of the Company. I authorize and consent that representatives of Company can investigate all statements contained in these application materials, including, but not limited to conferences with previous employers and references I have given. I release and hold harmless any person, organization, government jurisdiction or Company from liability or damage, which may result from furnishing the information requested. I further waive my right to personal access to any references given to Company. If employed, I agree to furnish additional information as required to government agencies, for enrollment in various benefit plans, and for proper payroll processing.

I understand that this application is not a contract of employment. I further understand that employment with Company is entered into voluntarily, and Employee is free to resign at any time for any reason, with or without notice. Similarly, Company is free to terminate Employee at any time, with or without notice, for any reason. Any appointment for employment arising from this application does not provide an expectation of continued employment.

(Signature of Applicant)

(Date)