

Kansas

Employment Application



ACCOMMODATIONS: The Americans with Disabilities Act of 1990 ensures you the right to employment with the State of Kansas. Arrangements will be made if you have a disability that requires an accommodation for completing an application form, interviewing or any other part of the employment process. It is your responsibility to make your needs known to the Office of Personnel Services (785) 296-4278 or the agency to which you are applying.

KANSAS...a state of excellence

THE *STATE OF KANSAS* IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION FOR WHICH YOU ARE APPLYING

VACANCY

JOB

STATE

REQUISITION #

TITLE

AGENCY

Return this application form to the agency which has the vacancy for which you are applying; do not return this form to any other location.

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

Name _____

Last

First

Middle

Address _____

Street, Apt. #

City

State

Zip Code

Telephone () _____ Email Address _____

Are you known to employers/references/schools by another name? If Yes, names _____ No _____

Have you ever been employed or are you currently employed by the State of Kansas? Yes _____ No _____

If Yes, provide approximate dates, agency and Employee ID _____

Have you previously retired from the State of Kansas or any other employer with a KPERS plan? Yes _____ No _____

If Yes, please provide the retirement date and name of employer. _____

Are you currently over the age of 18 or will you be age 18 at the time of hire? Yes _____ No _____

The Immigration & Reform Control Act of 1986 requires employers to verify an individual's identity and authorization to work in the U.S. as a condition of employment. Upon hire, will you be able to provide documentation to verify that you are a citizen or that you are authorized to work in the United States? Yes _____ No _____

How did you hear about this vacancy? _____

Are you claiming Veterans' Preference? Yes _____ No _____ If you are claiming Veterans' Preference for the first time please mail a copy of your DD214 - copy of discharge or documentation in form of a letter from the United States Department of Veterans Affairs to verify service-connected disability, copy of a marriage license to verify relationship as a spouse to a service member, a letter or notice from the Federal Government showing that their spouse died while serving in the armed forces, or other relevant documentation that would help qualify an individual for Veterans' Preference in accordance with the eligibility criteria set forth in K.S.A. 73-201. Please mail discharge or documentation to the Kansas Department of Administration, Office of Personnel Services, 900 S.W. Jackson, Rm 401-N, Topeka, Kansas 66612 or Fax to (785) 296-2598.

Educational Background

| | Institution and City, State | Degree or Certificate Attained | Major Area of Study | Credit Hours or Academic Years Completed |
|--|-----------------------------|--|---------------------|--|
| High School/GED | | High School/GED transcript not required. | | |
| College or University | | | | |
| Graduate School | | | | |
| Vocational, Technical, Business School | | | | |
| Other Education | | | | |

Driver's License/Vocational Licenses/Registrations (Attach copy of documents)

| Type | License/Registration Number | Issuing Authority | Issue Date | Expiration Date |
|------|-----------------------------|-------------------|------------|-----------------|
| | | | | |
| | | | | |

Work Experience - List your last three employers *or* last three positions, starting with the most recent. Attach a *Supplement to Employment Application* or other pages if you want to include more positions.

| | | | |
|--|--------------------------|--------------------|---|
| Month & Year From _____ To _____ | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____ |

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____

Supervisor's Name _____ Supervisor's Phone Number _____

| | | | |
|--|--------------------------|--------------------|---|
| Month & Year From _____ To _____ | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____ |

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____

Supervisor's Name _____ Supervisor's Phone Number _____

| | | | |
|--|--------------------------|--------------------|---|
| Month & Year From _____ To _____ | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week _____ Ending Pay \$ _____ per _____ |

Title _____ Duties _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____

Supervisor's Name _____ Supervisor's Phone Number _____

Other Employment: (Account for all employment in at least the last 10 years)

| Name and Address of Company | Position Held | Employment Dates |
|-----------------------------|---------------|------------------|
| | | |
| | | |
| | | |

Other Related Experiences: Please describe here any other additional experiences or professional certifications, honors, knowledge or technical or special skills not mentioned elsewhere, (i.e., equipment or machines operated, etc).

Computer Skills (name software and hardware) _____

Supplemental Work Experience _____

References: Include supervisors and managers that **we may contact** to verify your work performance and qualifications.

| | | |
|--|-----------------------|------------------------|
| Name _____ | Occupation _____ | Email Address _____ |
| Previous Supervisor? ___ Yes ___ No | Organization _____ | Phone _____ |
| Name _____ | Occupation _____ | Email Address _____ |
| Previous Supervisor? ___ Yes ___ No | Organization _____ | Phone _____ |
| Name _____ | Occupation _____ | Email Address _____ |
| Previous Supervisor? ___ Yes ___ No | Organization _____ | Phone _____ |

Affirmation

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand that the Careers system and the Recruiter will send correspondence, to the e-mail address I provided (if applicable), regarding specific information about this application and I understand it is my responsibility to check my e-mail regularly during the recruitment process.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge. I agree that the employing agency may, at its sole discretion, provide compensatory time off in lieu of overtime pay if I were employed in a nonexempt position and if there were no existing agreement to the contrary.

Signature of Applicant

Date

Return this application form to the agency which has the vacancy for which you are applying; *do not return this form to any other location*. For general information about the State of Kansas employment process, phone Office of Personnel Services (Department of Administration, 900 S.W. Jackson, Room 401-N, Topeka, Kansas) at 785-296-4278.

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