



# 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 Division of Personnel Services 785/296-4278 or the agency to which you are applying.

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## 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, name(s) \_\_\_\_\_ 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. These documents can be sent by fax to (785) 296-7712, scanned and emailed to Gustavo.Victoriano@ks.gov, or can be mailed or delivered in-person to Office of Personnel Services, 900 SW Jackson Rm 401-N, Topeka, KS 66612.

**Disability Hiring Preference:** If you are claiming Disability Hiring Preference for the first time please mail a copy of your supplemental security income or social security disability insurance determination letter, letter from a managed care organization or qualified medical professional attesting to the disability, home and community-based services waiver approval letter, or vocational rehabilitation letter from a vocational rehabilitation counselor. These documents can be sent by fax to (785) 296-7712, scanned and emailed to Gustavo.Victoriano@ks.gov, or can be mailed or delivered in-person to ATTN: Disability Hiring Preference Coordinator, Office of Personnel Services, 900 SW Jackson Rm 401-N, Topeka, KS 66612. Visit <https://admin.ks.gov/offices/personnel-services/jobs/disability-hiring-preference> for more information.

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

Title \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Computer Skills used in this Position \_\_\_\_\_

Largest Number of People Supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

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

Title \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Computer Skills used in this Position \_\_\_\_\_

Largest Number of People Supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

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

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 additional experiences or professional certifications, honors, knowledge or technical or special skills mentioned elsewhere (i.e., equipment or machines operated, etc.)

\_\_\_\_\_

\_\_\_\_\_

Computer Skills (name software and hardware): \_\_\_\_\_

\_\_\_\_\_

Supplemental Work Experience: \_\_\_\_\_

\_\_\_\_\_

**References:** Include supervisors and persons **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 400-N, Topeka, Kansas 66612) at 785-296-4278.

**THE STATE OF KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER**