

AT-WILL EMPLOYMENT APPLICATION

Ness County is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

NESS COUNTY IS AN AT-WILL EMPLOYER, MEANING
THAT EITHER THE EMPLOYER OR EMPLOYEE CAN
END THE EMPLOYMENT RELATIONSHIP AT ANY
TIME AND FOR ANY OR NO REASON.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ Please note that this application will only remain active for six months, after which the applicant will need to reapply.

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone#: Home _____ Work _____

Are you 18 years or older? ____ Yes ____ No

Are there any hours or days of the week you cannot work? ____ Yes ____ No
If so, when? _____

Salary Desired _____

Type of Employment: ____ Full-time ____ Part-time

Are you employed now? ____ Yes ____ No
May we contact your present employer? ____ Yes ____ No

Have you ever applied to Ness County before? ____ Yes ____ No Where? _____
Under what name? _____ When? _____

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact _____
Name/Street/City/State/Telephone _____

CURRENT AND FORMER EMPLOYERS: (most recent one first)

DATE/ MONTH/ YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER		LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination and/or drug and alcohol testing. In the event that I have a disability that will affect my ability to take the test, I will so inform the Ness County Employer prior to the administration of the test so that a reasonable accommodation can be made. Ness County reserves the right to require medical documentation regarding the need for accommodation.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF I AM HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND FOR ANY OR NO REASON.

As an applicant for a position with Ness County, Kansas, I understand that, if hired, I will have access to private and sensitive security information. I authorize and consent to Ness County, Kansas, its agents and assigns, to conduct a criminal background investigation to assist them in determining if I am qualified for the position that I have applied for. I may request a separate description of any negative criminal information, if I am an unsuccessful applicant

Signature

Starting Date: _____ Position: _____ Wage: _____