

# KANSAS

## Employment Application



**ACCOMMODATIONS:** The Americans with Disabilities Act of 1900 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.

KANSAS...a state of excellence

THE *STATE OF KANSAS* IS AN EQUAL OPPORTUNITY EMPLOYER

## POSITION FOR WHICH YOU ARE APPLYING

**VACANCY  
REQUISITION #**

**JOB  
TITLE**

**STATE  
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

*You will have an applicant identification number only if you have registered using the Personal Data form.  
If you are or have been a state employee, the applicant identification number is your employee identification number.*

**Applicant Identification No.** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
(Optional)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street, Apt. # City State Zip Code

Telephone ( ) \_\_\_\_\_ (Day) Message Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you known to employers/references/schools by another name? If yes, name \_\_\_\_\_ No\_\_

Have you worked for the State of Kansas before or do you now? If yes, dates \_\_\_\_\_ No\_\_

How did you hear about us? \_\_\_\_\_

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 Dept. of Administration, Division of Personnel Serv., 900 S.W. Jackson, Rm 252S, Topeka, Kansas 66612 or Fax to (785) 291-3715.

Have you ever been convicted of a felony? Yes  No  **INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.**

#### 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				

#### 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
To: _____			<input type="checkbox"/> Number of hours per wk: _____ 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	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
To: _____			<input type="checkbox"/> Number of hours per wk: _____ 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	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
To: _____			<input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____

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

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

Largest Number of People Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

<b>Other Employment:</b> (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 related professional certifications, honors, special skills, qualifications, or experiences not 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 performance and qualifications.

Name _____	Occupation _____ Organization _____	Mailing Address _____ Phone (Day) _____
Your supervisor? Yes ___ No ___		
Name _____	Occupation _____ Organization _____	Mailing Address _____ Phone (Day) _____
Your supervisor? Yes ___ No ___		
Name _____	Occupation _____ Organization _____	Mailing Address _____ Phone (Day) _____
Your supervisor? Yes ___ No ___		

**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 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

If you are applying for a vacancy which has a requisition number (Req No), you must also register using the Personal Data form, if you have not already done so. Personal Data forms are available from any state agency or Workforce Center. 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 Civil Service Employment Information (Department of Administration, Topeka, Kansas) at 785-296-4278.

***THE STATE OF KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER***  
***Promoting Diversity in a Diverse State***