



The Tap of Kansas Employment Application

Position You Are Applying For _____

Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

Last Name	First Name	Middle
Address	City	State Zip
Home Phone: _____ Cell Phone: _____		Email address: _____
Social Security Number: _____		Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

Military Service: _____ ☐ Yes ☐ No

Duty/Specialized Training: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employers attention: _____

Types of computer/software skills that you are able to operate: _____

REFERENCES

Name	Title	Company	Phone

EMPLOYMENT

Employer:	_____	Dates Employed:	_____
Work Phone:	_____	Pay Rate:	\$ _____ to _____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for leaving:	_____		
May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	_____	Dates Employed:	_____
Work Phone:	_____	Pay Rate:	\$ _____ to _____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for leaving:	_____		
May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	_____	Dates Employed:	_____
Work Phone:	_____	Pay Rate:	\$ _____ to _____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for leaving:	_____		
May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Acknowledgement and Authorization

- ☐ I certify that all answers given herein are true and complete to the best of my knowledge.
- ☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- ☐ If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, and/or have a physical examination

In case of accident or illness, please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

Signature of Applicant _____ Date _____