



SANDSTONE HEIGHTS

440 State Street  
Little River, KS 67457

## APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Permanent Address (if Different than Present Address) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

## Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of:  Full Time?  Part Time?  Temporary?Are You 18 Yrs. of Age or Older?  Yes  NoAre You Employed Now?  Yes  NoMay We Contact Your Present Employer?  Yes  No

How Did You Learn Of This Opening? \_\_\_\_\_

## Education

Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16

Scholastic Honors Received \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; <u>  </u> / <u>  </u> Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; <u>  </u> / <u>  </u> Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; <u>  </u> / <u>  </u> Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; <u>  </u> / <u>  </u> Date	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_Dates of Duty: From    /    /    To    /    /    Rank at Discharge \_\_\_\_\_  
Month Day Year Month Day Year

## Professional Licenses and/or Certifications

Verif.

Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Present and Former Employers		Dates Employed	Salary Range	Position & Duties
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____
Name _____		From _____	Starting _____	_____
Address _____		To _____	Ending _____	_____
City/State/Zip _____				_____
Supervisor _____	Phone _____			_____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last

First

Middle Initial

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_

**Employment Understanding (Please Read and Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

<b>Please Indicate Days and Hours You Are Available For Work (Be Specific)</b>			<b>Availability Record</b>			
<b>Day</b>	<b>From</b>	<b>To</b>				
Sunday	A.M.	A.M.	Primary position desired _____			
	P.M.	P.M.	Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Monday	A.M.	A.M.	If so, what? _____			
	P.M.	P.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tuesday	A.M.	A.M.	Do you limit your annual earnings due to Social Security or other reasons?			
	P.M.	P.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Wednesday	A.M.	A.M.	If yes, please state what is the maximum amount you wish to earn _____			
	P.M.	P.M.				
Thursday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.			
	P.M.	P.M.				
Friday	A.M.	A.M.				
	P.M.	P.M.				
Saturday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.			
	P.M.	P.M.				

Applicant's Signature

Date

**Interviewers Comments**

<b>Interviewer</b>	<b>Date</b>	<b>Comments</b>

**Reference and Prior Employment Check**

<b>Individual Contacted</b>	<b>Name of Firm</b>	<b>Results of Check</b>

**For Personnel Office Use**

Hired \_\_\_\_\_ For what department \_\_\_\_\_ Position \_\_\_\_\_

Salary \_\_\_\_\_ per \_\_\_\_\_ Year \_\_\_\_\_  
Month \_\_\_\_\_ Hour \_\_\_\_\_ Starting Date \_\_\_\_\_