



WATER DISTRICT NO. 7 JOHNSON COUNTY, KANSAS

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.	DOB	
Street Address				SSN #		
City			State			ZIP
Phone			E-mail Address			
Date Available			Driver License #			Desired Salary
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company	Phone ()		
Address			
Full Name		Relationship	
Company	Phone ()		
Address			
Full Name		Relationship	
Company	Phone ()		
Address			

PREVIOUS EMPLOYMENT										
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
MILITARY SERVICE										
Branch					From		To			
Rank at Discharge					Type of Discharge					
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature						Date				