

Kane County

76 N. Main
Kanab, Utah 84741

Employment Application

Applicant Information															
Full Name:								Date:							
<i>Last</i>				<i>First</i>				<i>M.I.</i>							
Address:															
<i>Street Address</i>								<i>Apartment/Unit #</i>							
<i>City</i>								<i>State</i>		<i>ZIP Code</i>					
Phone: ()				E-mail Address:											
Date Available:			Social Security No.:			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 yes, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you currently receiving a retirement benefit?					Yes No		
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															
<i>Please list three professional references.</i>															
Full Name:				Relationship:											
Company:						Phone: ()									
Address:															
Full Name:				Relationship:											
Company:						Phone: ()									
Address:															
Full Name:				Relationship:											
Company:						Phone: ()									

Address:	
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Previous Employment

Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:		Phone:	()
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Military Service

Branch:		From:		To:	
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Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain:					
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Disclaimer and Signature

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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:	
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**CONSENT FORM FOR
PRE-EMPLOYMENT DRUG SCREENING**

I, the undersigned in accordance with the Kane County Drug and Alcohol Free Workplace Policy, understand that as a condition of being offered a position with Kane County, I may be required to take and pass a drug test. If I am offered a position, I understand that I will have to comply with Kane County's terms of employment.

I submit voluntarily to Kane County's request for a specimen for the purpose of detecting controlled Substances and authorize Kane County to have its third-party administrator take the specimen for the purpose of the test. Further, I understand that those tests may be given to a Medical Review Office and /or Kane County for review.

I understand that if I fail to provide a specimen, or if the sample reveals the presence of drugs or other Controlled Substances, I will not be offered a position with Kane County.

I have read this form in full and understand the above statements.

Full Name (print) _____

Signature _____

Social Security Number _____

Witness _____

Date _____