

# Employment Application

## KANE COUNTY

76 North Main Street  
Kanab, Utah 84741



### APPLICANT INFORMATION

Last Name	First	M.I.	Date		
Street Address				Apartment/Unit #	
City	State	ZIP			
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 so, 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 <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
-----------	------

# Employment Application

## 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: /S/ \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

By clicking submit, I acknowledge that my e-Signature is an actual representation of my signature for the purpose of legally binding this document.