

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?			
Are you currently receiving a retirement benefit? YES <input type="checkbox"/> NO <input type="checkbox"/>								

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			

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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>I certify that my answers are true and complete to the best of my knowledge.</i>	
<i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i>	
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: _____