



9417 MISSION ROAD

LEAWOOD, KS 66206

913.648.4900

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT – ANSWER ALL QUESTIONS)

PERSONAL INFORMATION

NAME(LAST/FIRST/MI) _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

ADDRESS _____ CITY/STATE/ZIP _____

HOW LONG HAVE YOU LIVE AT THE ABOVE ADDRESS? _____

FOR REFERENCE PURPOSES – IF YOU HAVE EVER USED ANOTHER NAME, LIST NAMES AND DATES:

EMPLOYMENT DESIRED

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT THIS PARTICULAR APPLICATION IS FOR THE BELOW LISTED POSITION ONLY AND IN NO EVENT WILL BE CONSIDERED ACTIVE FOR LONGER THAN 30 DAYS.

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

EDUCATION

HIGH SCHOOL _____ # OF YEARS ATTENDED _____ DIPLOMA OR DEGREE _____

SUBJECTS STUDIED _____

COLLEGE _____ # OF YEARS ATTENDED _____ DIPLOMA OR DEGREE _____

SUBJECTS STUDIED _____

TRADE, BUSINESS OR CORRESPONDENCE _____ # OF YEARS ATTENDED _____

SUBJECTS STUDIED _____

IN THE PAST FIVE YEARS, HAVE YOU BEEN CONVICTED OF A FELONY? _____

IF YES, DESCRIBE IN FULL BELOW (THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION):

LIST ANY FRIENDS OR RELATIVES WORKING FOR US AND GIVE THEIR RELATIONSHIP TO YOU:

WERE YOU IN THE U.S. ARMED FORCES? _____ IF YES, WHAT BRANCH? _____

DATES OF DUTY: _____ RANK AT DISCHARGE? _____

FORMER EMPLOYMENT (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

1) DATE: _____ NAME: _____ POSITION: _____

SALARY: _____ REASON FOR LEAVING: _____ SUPERVISOR'S NAME: _____

2) DATE: _____ NAME: _____ POSITION: _____

SALARY: _____ REASON FOR LEAVING: _____ SUPERVISOR'S NAME: _____

3) DATE: _____ NAME: _____ POSITION: _____

SALARY: _____ REASON FOR LEAVING: _____ SUPERVISOR'S NAME: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE THE ONES YOU DO NOT WISH FOR US TO CONTACT: _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS THAT WOULD HELP YOU EXCEL AT THIS JOB? _____

REFERENCES (LIST THREE PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

1) NAME: _____ PHONE #: _____ # OF YEARS ACQUAINTED _____

2) NAME: _____ PHONE #: _____ # OF YEARS ACQUAINTED _____

3) NAME: _____ PHONE #: _____ # OF YEARS ACQUAINTED _____

CONDITIONS:

I AUTHORIZE THE COMPANY TO VERIFY ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AND TO MAKE REFERENCE/BACKGROUND CHECKS AS IT'S REPRESENTATIVES DEEM NECESSARY EXCEPT AS LIMITED ABOVE FOR PRESENT EMPLOYER. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND MY FINANCIAL/CREDIT RECORD THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES/BUREAUS OF YOUR CHOICE. I ALSO UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON COMPLYING WITH THE EMPLOYMENT VERIFICATION REQUIREMENTS OF THE IMMIGRATION CONTROL AND REFORM ACT. I CERTIFY THAT ALL OF THE STATEMENTS I HAVE MADE AND ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE AND AGREE THAT MY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR, MAY RESULT IN CANCELLATION OF MY APPLICATION FOR EMPLOYMENT OR IMMEDIATE DISMISSAL. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND I UNDERSTAND THAT IF I AM EMPLOYED BY THE COMPANY, THAT MY EMPLOYMENT, REGARDLESS OF THE MANNER OR DURATION OF MY COMPENSATION, WILL BE NO DEFINATE TERM AND MY EMPLOYMENT COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME FOR ANY REASON AT THE OPTION OF THE COMPANY. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF APPLICANT _____ DATE _____