



LYON COUNTY
AN EQUAL OPPORTUNITY EMPLOYER
PRE-EMPLOYMENT APPLICATION

LYON COUNTY EMPLOYS ONLY U.S. CITIZENS OR ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT.

FOR OFFICE USE ONLY
DEPARTMENT: _____
RECEIVED DATE: _____
LYCO REP. INITIALS: _____

INSTRUCTIONS: Please answer all questions accurately and completely. Use brief factual statements. If more space is needed, use the "Additional Information" section provided at the end of this form or a separate piece of paper. Ask for an explanation if you do not understand a question. **THIS APPLICATION MUST BE COMPLETED LEGIBLY IN ITS ENTIRETY BEFORE YOU WILL BE CONSIDERED FOR EMPLOYMENT. THIS APPLICATION REMAINS CURRENT FOR 90 DAYS. RE-APPLICATION IS REQUIRED THEREAFTER.**

Personal Information			
LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
STREET ADDRESS		CITY	STATE ZIP CODE
HOME PHONE: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
ALTERNATE PHONE: (____) _____ - _____			
EMAIL: _____			
ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TITLE OF POSITION OR DEPARTMENT OF POSITION APPLYING FOR:		DATE AVAILABLE TO WORK:	
Have you read the Job Description? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you capable of performing with or without a reasonable accommodation the essential functions of the job for which you have applied (SEE JOB DESCRIPTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been previously interviewed or employed by Lyon County or any other government entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Lyon County? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, list names and relationship to you:			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Education			
Name and Location	Years Completed	Major Area of Study	Degree/Diploma (Circle One)
HIGH SCHOOL	9 10 11 12		[YES] [NO]
COLLEGE/ UNIVERSITY	1 2 3 4		[YES] [NO]
GRADUATE/ PROFESSIONAL	1 2 3 4		[YES] [NO]
TECHNICAL OR CERTIFICATE PROGRAMS			[YES] [NO]

Employment History

Please provide information below for your last ten (10) years of employment, including military service.

Start with the most recent: (Please attach an additional page if necessary, **do not use "see attached resume".**)

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	ADDRESS:	
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY: START: FINISH:		
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	ADDRESS:	
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY START: FINISH:		
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	ADDRESS:	
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY START: FINISH:		
REASON FOR LEAVING:		

ACCOUNT FOR PERIODS WITHIN THE LAST TEN (10) YEARS THAT YOU WERE NOT EMPLOYED:

STARTING DATE	ENDING DATE	REASON

Have you ever been discharged or asked to resign from a job? YES _____ NO _____ If yes, please explain: _____

MEMBERSHIPS AND/OR SPECIAL LICENSES:

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

How did you hear about Lyon County's Job Openings?

- Radio
 Newspaper
 Internet
 Friend/Family
 Lyon County Employee
 Other (explain below)

References					
Please list names of references who are NOT RELATED TO YOU and NOT CURRENT OR PREVIOUS EMPLOYERS , who can comment directly on your abilities:					
NAME	E-MAIL ADDRESS	HOME ADDRESS	PHONE #	RELATIONSHIP/ OCCUPATION	YEARS KNOWN

If applying for **Highway Department/LCAT/Public Safety/Maintenance Position**, please indicate whether you hold the following valid driver's licenses:

CLASS A _____ CLASS B _____ CLASS C _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: __ _____

NOTICE: LYON COUNTY PERFORMS PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING. EXAMPLES OF ILLEGAL DRUGS, INCLUDING BUT NOT LIMITED TO – COCAINE, MARIJUANA (THC), OPIATES, AMPHETAMINES, AND PHENCYCLIDINE (PCP) AS WELL AS PERScription DRUGS THAT ARE NOT LAWFULLY OBTAINED AND/OR NOT PROPERLY UTILIZED. ILLEGAL DRUGS ALSO INLCUDES MIND ALTERING AND OR ADDICTIVE SUBSTANCES THAT ARE NOT SOLD AS DRUGS OR MEDICINES BUT ARE USED FOR THE MIND OR BEHAVIOR ALTERING EFFECT (I.E. PEYOTE AND GLUE).

ADDITIONAL INFORMATION: (Use this space for any additional comments you wish to make or to clarify any of your previous answers). If you are enlarging a previous answer, be sure to identify the questions:

If you are Applying for a **Public Safety Position**, please fill out associated Background Checks and attach to Pre-Employment Application (i.e. PHYSICAL EXAM CONSENT, KBI BACKGROUND, AUTHORIZATION AND RELEASE OF DMV RECORDS, APPLICANT CONSENT FOR DRUG AND ALCOHOL TESTING, AND TELEPHONE BACKGROUND CHECK FOR PRIOR EMPLOYERS AND LISTED REFERENCES, ETC.). If you qualify for **VETERANS PREFERENCE**, please fill out the **SELF IDENTIFICATION FOR VETERANS PREFERENCE** form and attach all documents as proof of your status.

IMPORTANT TERMS-READ CAREFULLY

WORK RULES: In the event of my employment with Lyon County I agree to comply with all rules and regulations with Lyon County.

PRE-EMPLOYMENT BACKGROUND CHECK: I understand that Lyon County's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected, my employment offer may be rescinded, or employment may be terminated.

PRE-EMPLOYMENT WORK SCREEN: I understand that any offer of employment may be contingent upon the passing of a work screen examination. I consent to the disclosure of the results of any work screen examination or related tests to Lyon County. I understand that should I decline to sign this consent or decline to take any of the described tests, my application for employment may be rejected, my employment offer may be rescinded, or my employment may be terminated.

DRUG / ALCOHOL TEST: I understand the Lyon County reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

MEDICAL EXAMINATION: I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to Lyon County. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected, my employment offer may be rescinded, or my employment may be terminated.

BOND: I understand that bonding may be a condition of employment. If it is, I will be so advised either before or after hire and a bond application will have to be completed.

AT-WILL EMPLOYMENT: If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by Lyon County at any time and for any reason whatsoever, with or without good cause at the option of either Lyon County or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Board of County Commissioners. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and Lyon County, Kansas. I understand and agree that only an official of Lyon County has the authority to enter into any legally enforceable contract or to make any legally enforceable promise to an employee. Only written contracts or promises are enforceable. No statements of benefits or policy are an employment contract.

In exchange for the review and consideration of my application for employment, I agree that, unless otherwise provided by statute, upon request by Lyon County, I will take the above medical/physical examinations or tests either prior to my employment or during my employment. The nature and timing of any examinations or tests will be solely the choice of Lyon County, unless otherwise limited by applicable law, and such examinations or tests will be a condition of employment. I agree to the disclosure and release of all examinations and test results and any other relevant information to Lyon County management for review. I further agree that if I refuse to take such examinations or tests, or if the results of such examination or tests are not satisfactory to Lyon County, I will be disqualified from employment or continued employment. I further consent and agree that my person, property and automobile shall be subject to search while on Lyon County premises.

I agree that if employed I will immediately report any discrimination, harassment, or retaliation against me to the IMMEDIATE SUPERVISOR who is responsible for my work location and will utilize the CHAIN OF COMMAND up to HR DIRECTOR. I agree that if employed I will be discharged if I engage in any discrimination, harassment or retaliation.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I authorize my former employers, references and other persons or entities identified in this application to release any and all information about me to Lyon County. I further authorize Lyon County to investigate the information in this application. I release Lyon County and all former employers, references, investigations and other persons and entities from liability and damages that may result from furnishing information about me or from my rejection for employment. I have withheld nothing that would, if disclosed, effect this application unfavorably, I understand that if I am employed and any such information is later found to be false or incomplete in and respect, I may be dismissed. I understand and agree that any false or misleading information or any omission of information in this application and any other required documents may subject me to discharge from employment. If you have any questions regarding this agreement, please ask a Lyon County representative before signing.

I hereby acknowledge that I have read and above statements and agreements and understand the same. My signature below attests to the fact that I have read, understand and agree to be legally bound by all of the above.

SIGNATURE OF APPLICANT

DATE

[How to sign or initial your form](#)

Lyon County is an Equal Opportunity Affirmative Action Employer. It is the policy of Lyon County not to discriminate in employment matters on the basis of race, creed, color, religion, age, marital status, national origin, sex, protected veteran status or status with regard to public assistance or disability.
