

# KANSAS FIBER NETWORK EMPLOYMENT APPLICATION

**DIRECTIONS:**

- Type or print, using blue or black ink
  - If you need additional space, attach a supplemental sheet
  - Sign the completed application
- PLEASE COMPLETE THE ENTIRE APPLICATION**

*Kansas Fiber Network is an equal opportunity employer*

## GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION
ADDRESS		PHONE - DAY	PHONE - EVENING
CITY, STATE, ZIP CODE		PHONE - CELL	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (including driving under the influence or similar offense) OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.			
DO YOU HAVE A VALID, UNRESTRICTED DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO THIS INFORMATION WILL ONLY BE TAKEN INTO CONSIDERATION IF THE POSITION YOU ARE APPLYING FOR REQUIRES A VALID, UNRESTRICTED LICENSE.			

## POSITION

TYPE OF POSITION APPLYING FOR?	HOW DID YOU HEAR ABOUT THIS JOB?		
DATE AVAILABLE:	<input type="checkbox"/> FULL-TIME REGULAR	<input type="checkbox"/> PART-TIME REGULAR	WAGE/ SALARY EXPECTED
POSITION DESIRED:	<input type="checkbox"/> TEMPORARY		

## EMPLOYMENT RECORD

### LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE
POSITION DESCRIPTION				

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE
POSITION DESCRIPTION				

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE
POSITION DESCRIPTION				

## EDUCATION & TRAINING

COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL  CITY & STATE
COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL  CITY & STATE
LAST HIGH SCHOOL ATTENDED	GRADUATE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL  CITY & STATE
OTHER	GRADUATE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL  CITY & STATE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER SKILLS, OFFICE EQUIPMENT, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT KFN.

### LANGUAGE ABILITY—LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	SPANISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
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PROFESSIONAL ORGNAIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND ORGANIZATION OR STATE OF ISSUANCE

## AUTHORIZATION

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize Kansas Fiber Network to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by Kansas Fiber Network pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to Kansas Fiber Network pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize Kansas Fiber Network to deduct from wages due me at any time the value of any unreturned company property of Kansas Fiber Network entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of Kansas Fiber Network now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with Kansas Fiber Network that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF AGE (OVER 18), COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, RELIGION, or DISABILITY.**

**Employment is contingent upon furnishing evidence of identity and employment eligibility and passing a pre-employment drug screening and background check.**

## REFERENCES

**LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION**

NAME/TITLE	E-MAIL AND MAILING ADDRESS	PHONE