Operations Office Personnel Office 512 SE 25th Ave., Pratt, KS 67124-8174 (620) 672-5911

## KANSAS DEPARTMENT OF

## WILDLIFE & PARKS

**Application for Employment** 

Office of the Secretary 1020 S Kansas Ave., Suite 200, Topeka, KS 66612-1327 (785) 296-2281

Position or type of work you are applying for:	Date available for work	: Date of application:	
Check type of employment you are applying for:	Full-time Part-time	Temporary Summer	
Preferred location:			
DI	ERSONAL DATA		'
Print last name, first name, middle name	EMAIL / Telephone (in	clude area code)	
Tillit last hame, first hame, middle hame	ENTAIL / Telephone (ii	ciude area code)	
Address (street and number)	City, State, Zip Code	County	
Are you related to any present Department of Wild	life and Parks employee?	No	
If yes, name of employee and your relationship to	that employee:		
(K.S.A. 1-9-21 prohibits the supervision of hous	ehold and/or family members)		
Have you previously retired from the State of Kan	sas or any other KPERS employe	er? Yes No	
EDUCA	ATIONAL DATA		
Circle highest grade completed: Primary education: 7 \( \) 8 \( \) 9 \( \) 10 \( \) 11 \( \) 12	<del>_</del>	ration (College):	
		Dates attended	List
Name and address of colleges:	Major subjects:		Degree
Name and address of other schools:	Major subjects:	From To	Degree
Name and address of other schools:	Major subjects:	From To	Degree
Other skills and abilities (explain):	l 		

## **EMPLOYMENT HISTORY**

List your last three employers, listing your present	t or last employer first.			
Name of employer:	Address:	Type of business:		
Date employed Hrs. per week	Starting salary:	Name of supervisor:		
From To	Last salary:			
Your job title and duties: If longer than the box use (	See Resume)			
Reason for leaving:				
May we contact employer: Yes No				
Name of employer:	Address:	Type of business:		
Date employed Hrs. per week	Starting salary:	Name of supervisor:		
From To	Last salary:			
Your job title and duties: If longer than the box use (	-			
	· · · · · · · · · · · · · · · · · · ·			
Reason for leaving:				
May we contact employer: Yes No				
Name of employer:	Address:	T-ma of hygin agg		
Name of employer.	Address.	Type of business:		
Date employed Hrs. per week	Stanting colony	Name of supervisor:		
From To	Starting salary:	Name of supervisor.		
	Last salary:			
Your job title and duties: If longer than the box use (See Resume)				
D C 1 :				
Reason for leaving:				
May we contact employer: Yes No				
I certify that the statements in this application are correct facts in this application may result in termination without provide false or libelous information.				
${APP}$	LICANT SIGNATURE	DATE		
OPTIONAL EMPLOYEE INFORMATION				
Completing the "Optional Employee Information" section you can be appointed. If you wish to fill in this section be used in any interview or hiring decision. Regarding discrimination on basis of age.	pefore you are hired, you may do so, but the infor	mation in this section cannot be		
Birth date (Month, Day, Year):	Social Security Number:	Sex:		
In case of emergency, notify: Name:	Address:	Telephone:		