

Nemaha County Training Center, Inc.

NCTC West, Main Office
12 South 11th
Seneca, KS 66538
785-336-6116

NCTC East
329 North 11th
Sabetha, KS 66534
785-284-3666

NCTC Group Home
1306 Quail Drive
Sabetha, KS 66534
785-300-1306

NCTC Group Home
602 South 8th
Seneca, KS 66538
785-336-6223

APPLICATION FOR EMPLOYMENT: STAFF

Date: _____

NCTC shall not discriminate against anyone based solely upon race, color, creed, national origin, religion, sex, handicap or age.
Note: If you feel that any of this application is discriminatory, you do not have to state the answer.

Position Applying for: _____

Name _____ Date Available to Start _____

Address _____

Telephone _____ Do you have a valid drivers license for your legal state of residence? Y N

Applicant's Education Background:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School/GED			1 2 3 4	
College			1 2 3 4	
Vo-Tech				

Please describe the type of classes, organizations, number of college hours in your educational background.

Please describe your work experience beginning with the most recent. If we may contact your former or current employer, please mark your answer in the far right column.

<u>Business</u>	<u>Phone Number</u>	<u>Employment Dates</u>	<u>Job Position</u>	<u>Termination Reason</u>	<u>Contact</u>
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N
_____	_____	_____	_____	_____	Y or N

Please complete the reverse side of this form.

Please list the civic organizations or volunteer programs you have been involved with in the past five years.

Why have you applied for this position? _____

What is your personal philosophy concerning people with developmental disabilities and their role in society?

REFERENCES: Please list four references that may be contacted and include at least one employer. Do not include more than one relative or family member.

NAME: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

NAME: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

NAME: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

NAME: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

How did you hear about this position? _____

If you were referred for this position, who referred you? _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I certify that answers given herein are true and complete to the best of my knowledge.

SIGNED: _____