

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**THE LIBRARY**  
 CORNER OF 1 2TH & LARAMIE  
 AGGIEVILLE



**General Information:**

Last Name	First Name	Middle Initial	Social Security Number	Date
Street Address	City	State	Zip Code	
Home Phone #	Cell Phone #	E-mail Address		

You must be 21 years of age to work in a retail liquor environment in the State of Kansas.

Are you 21 years of age? \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Have you ever been convicted of a felony? \_\_\_\_\_ Drivers License # \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from employment)  
 Are you active in an organization or group on campus? \_\_\_\_\_  
(If so, please list: i.e. KSU Athletic Team member, Fraternity or Sorority affiliation, Campus Organization member)  
 Do you have a dependable means of transportation to and from work? \_\_\_\_\_  
 Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

**Availability:**

**Please Check times you ARE available to work in the chart below:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
11am to 4pm							
4pm to 8pm							
8pm to 12am							XXXX

On what date would you be able to start? \_\_\_\_\_  
 Will you be available to work during the fall semester? \_\_\_\_\_  
 Are you able to work football game days in the fall? \_\_\_\_\_ Spring Semester? \_\_\_\_\_  
 Will you be able to work some or all of Christmas Break \_\_\_\_\_ Spring Break \_\_\_\_\_

**Education:**

	Name & Address	Course of Study	Years Completed	Degree (yes or no)
High School				
College				
Other				

If you are currently enrolled, when do you expect to graduate? \_\_\_\_\_



**Employment Information:**

(Start with your present or last job)

Employer:	Address:	Start Date:	End Date:
Type of work / Duties performed:			
Reason for leaving:			
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Type of work / Duties performed:			
Reason for leaving:			
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Reason for leaving:			

**Applicant's Statement:**

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

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

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment after this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand that employment is "at will", that unless otherwise defined by applicable law, any Employer may discharge an Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_