

Kansas Grain Inspection Service is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

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Name	Firs	st	Mic	ldle
Address				
Street	Apt. #	City	State	Zip Code
Telephone	Curren	t Driver's Lice	nse (if applicabl	e) 🔲 Yes 🔲 No
Email Address			-	
Position(s) applied for:				
Have you applied here before	?Yes	No If yes, g	ive date:	
Are you employed now? \Box	Yes 🗌 No C	n what date a	re you available	for work?
Are you available to work \Box	Full-time ;	Part-time 🔲	_Shift work	Temporary
What languages do you spea	k fluently (if applic	able)? List:		
Are you 18 or older?	es No			
Have you been convicted of c involving theft or violence in the necessarily bar an applican relative to the job sought).	he last 5 years? (li t_from_employme	nformation reg	arding convictio	n records will not
If yes, please complete the follow	ving:			
Conviction:	Location:		Date:	
Kansas Grain Ins	PECTION S	Ervise G	RAPORTUNITY EM	PLOYER



EDUCATION			
	High School	Trade Schools	College/University
School Name			
Diploma/Degree			
Certificate Received			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

List your past four (4) employers including military and voluntary service assignments. **Start** *with your present or most recent job.* Attach an additional sheet if necessary.

Employer:			Telephone:	
Address:				
Job Title:		Superv	visor:	
Dates Employed:	From	То		
Salary:	Starting	Final		
Reason for Leaving:				
Work Performed:				
May we Contact:	Yes 🗌	No		_
Employer:			Telephone:	
Employer: Address:			_ Telephone: _	
		Superv		
Address:	From _	Superv <i>To</i>		
Address: Job Title:	From Starting			
Address: Job Title: Dates Employed:	Starting			
Address: Job Title: Dates Employed: Salary:	Starting			



Employer:	r:			
Address:				
Job Title:		Superv	isor:	
Dates Employed:	From	То		
Salary:	Starting	Final		
Reason for Leaving:				
Work Performed:				
May we Contact:	Yes 🗌]	
Employer:			Telephone:	
			Telephone:	
Address:				
Address:				
Address:		Superv		
Address: Job Title: Dates Employed:	From	To Final		
Address: Job Title: Dates Employed: Salary:	From	To Final		

Please summarize your job-related skills or specialized training:

Please list other job-related special accomplishments, projects, awards.

(Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):



REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Occupation	Company	Phone Number(s)
Name	Occupation	Company	Phone Number(s)
Name	Occupation	Company	Phone Number(s)

List any additional information you would like us to consider.

How did you hear a	bout the open p	position?
□_Newspaper Ad	Website	Other:
☐ Friend/Family	Referred By:	

If you were referred by an employee who currently works for KGIS please include their name.



ACKNOWLEDGEMENT

I understand that Kansas Grain Inspection Service is making no employment offer at this time. I certify that the information in this application is true, accurate and correct to the best of my knowledge. I understand that any misrepresentation or omission of any information in my Application, resume, or any other materials, or during interviews, is grounds for disqualification from further consideration for employment or for termination if employed.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this Application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from Kansas Grain Inspection Service and still wish to be considered for employment, it will be necessary to fill out a new Application.

I understand that if I am hired, my employment at Kansas Grain Inspection Service is "at-will" and may be terminated by myself or by Kansas Grain Inspection Service at any time, with or without cause or notice. I understand that no representative of Kansas Grain Inspection Service has the authority to make any assurance to the contrary.

Signature of Applicant

Date