

# Nemaha County Training Center, Inc

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

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

NCTC Parkside Complex  
307 South 9th Street  
Sabetha KS, 66534  
(785) 284-0395

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

NCTC Group Home  
602 S. 8th Street  
Seneca KS, 66538  
(785) 336-6223

**Application for Employment: Staff**

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.

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Do you have a valid drivers license for your legal state of residence?  Yes  No

**Application Education Background:**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School / GED			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
College			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 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 #</u>	<u>Employment Dates</u>	<u>Job Position</u>	<u>Termination Reason</u>	<u>Contact</u>	
					Yes	No
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Please complete the reverse side of this form.

January 15, 2003

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_

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. Signature: \_\_\_\_\_ Date: \_\_\_\_\_