

INSTRUCTIONS FOR COMPLETING THE ADOBE ACROBAT PORTABLE DOCUMENT FORMAT (PDF) VERSION OF THE KSU EMPLOYMENT APPLICATION

* *IMPORTANT* *

- . Use the **Acrobat Reader** tool bar to print; otherwise you will lose your document.
- . You will not be able to save your application unless your computer has the full software.
- . Our staff does not have the expertise to troubleshoot technical computer problems; therefore, we will not be able to assist you in this manner.

Helpful Suggestions:

- . Please read the instructions carefully before you begin typing your application.
- . Do Not change the format or font sizes.
- . Never hit enter while working in the application.
- . Consider abbreviating when needed.
- . You may want to print the application before you start typing.
- . Tab out of last field before printing.

While typing the Application:

- . Only use the mouse or tab key to move around in the application.
- . Make sure to type at the beginning of the line.
- . Some lines may disappear when you type, continue typing because the lines will re-appear when you print the document.
- . Most lines will not wrap. Therefore, when typing at the end of a line, stop and move the cursor to the next line.

K-State Vacancy Identification/Registration Form

Division of Human Resources, Employment Services, 103 Edwards Hall Manhattan, KS 66506
Phone: (785) 532-6277 Fax: (785) 532-6095

Job Title: _____ **Requisition #:** _____ **Closing Date:** _____

Return this completed form along with all documents required for the vacancy to the Division of Human Resources no later than 5:00 p.m. on the closing date. A drop box is located at the front doors of Edwards Hall for your convenience. **Use one form per vacancy.**

Name: (please print) _____

Address: _____

SSN (mandatory): Solicited per K.S.A. 76-725. Used for income tax withholding, keeping records and accounts, and as an employee identification number.

Applicant/Employee ID # _____

Home Phone _____

Message Phone _____

The explanations of minimum requirement level, according to State of Kansas Division of Personnel Services are listed below.

Job Knowledge

Entry Level - understands basic theories

Advanced Level - has related & repeated experience

Specialist Level - extensive experience recognized as the person to ask

Expert Level - to answer any questions related to field

Work Experience

Routine Nature - supervisor closely monitored work

Limited Independent Nature - decision-making was controlled by established guidelines

Independent Nature - responsible for establishing your own work methods

Independent Complex Nature - involved careful analysis and interpretation of data for the purpose of problem solving

Highly Diverse and Complex Nature - free to plan and organize all phases of the work necessary for its completion

Experience (Service & Maintenance only)

Apprentice/Entry Level - work closely monitored by supervisor/ knowledge gained through apprenticeship

Skilled Level - develop your own methods after receiving instructions

Journey/Advanced Level - specific work in a trade- coach or supervise staff

Master/Specialist Level - recognized as a master craftsman or specialist

Applicant Signature _____

Date _____

*Signature indicates that you possess the minimum requirements as listed on the notice of vacancy for the position which you are applying. All applications will be reviewed by Human Resources to verify that the minimum requirements have been indicated.

Human Resources' use: Registered on-line _____ KSU Application _____ LOI _____

Resume _____ Transcript _____ Other Attachments _____

Applicant Characteristics Survey

Check the square indicating your highest education level:

- | | |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than HS Graduate | <input type="checkbox"/> Four years college |
| <input type="checkbox"/> HS Grad or Equivalent | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Technical School | <input type="checkbox"/> Some graduate school |
| <input type="checkbox"/> One year college | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Two years college | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Two-year college degree | <input type="checkbox"/> Post Doctorate |
| <input type="checkbox"/> Three years college | |

Check if you are claiming:

- | | |
|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Veteran Preference | <input type="checkbox"/> Not Claiming Veteran Preference |
|---------------------------------------------|----------------------------------------------------------|

Notice: If you are claiming veteran's preference for the first time mail a copy of your DD214 to the agency that is advertising the vacancy and a copy of discharge and/or verification of service connected disability or Purple Heart.

I hereby affirm that all information furnishes on this form is true.

Signature (please use ink)

Date

This survey will be used only for statistical purposes. You are not required to furnish this information. Doing so will help assembling data.

Race or Ethnic Group

- Asian/Pacific Islander
- Black
- Hispanic
- American Indian/Alaska Native
- White
- Non U.S. Citizen

Sex

- Male
- Female

Age

- Over 18 years of age

RESUME MAY NOT BE SUBSTITUTED FOR THE FOLLOWING EMPLOYMENT HISTORY

List in order all positions you have held starting with the most current, including any time you were in business for yourself and any periods of military service. If your duties changed significantly in the course of any employment, indicate changes as separate employment.

CONTINUATION SHEET

Employer: _____ Job Title: _____
Type of Business: _____ Start Date (mo/yr): _____ End Date (mo/yr): _____
Address: _____ Phone: _____
Hours Per Week: _____ Reason for Leaving: _____
Duties: _____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
(Total 100%)

Number of people supervised _____
for _____ years _____ months

List software, machines or equipment
used regularly in the work of this position:

Employer: _____ Job Title: _____
Type of Business: _____ Start Date (mo/yr): _____ End Date (mo/yr): _____
Address: _____ Phone: _____
Hours Per Week: _____ Reason for Leaving: _____
Duties: _____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
(Total 100%)

Number of people supervised _____
for _____ years _____ months

List software, machines or equipment
used regularly in the work of this position:

Employer: _____ Job Title: _____
Type of Business: _____ Start Date (mo/yr): _____ End Date (mo/yr): _____
Address: _____ Phone: _____
Hours Per Week: _____ Reason for Leaving: _____
Duties: _____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
(Total 100%)

Number of people supervised _____
for _____ years _____ months

List software, machines or equipment
used regularly in the work of this position:

To the best of my knowledge, all answers to the foregoing are true and correct. I hereby grant permission to Kansas State University to contact each of my former employers (listed above) concerning my qualifications for employment. Permission is also granted to each of my former employers to give Kansas State University information they may have with respect to my work experience with them. I understand falsifying information on this application may be grounds for dismissal.

ORIGINAL SIGNATURE

DATE

Federal and State laws and regulations require Kansas State University to invite applicants to voluntarily self identify. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided on this form will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Americans with Disabilities Act, and Executive Order 11246. It will not be included in your application or personnel file. The information is considered confidential and will be used by the Office of Affirmative Action for the purpose of establishing protection under the law, determining appropriate accommodations, administering first aid, and compliance with laws and regulations. The information will be protected against misuse by others.

Name: _____
(please print)

Date: _____

1. GENDER

Male Female

2. RACE/ETHNICITY

Please check one word below which best describes your racial or ethnic group:

White Asian/Pacific Islander
 Black American Indian/Alaskan Native
 Hispanic

3. DISABILITY

A. A handicap or disability means any physical or mental impairment, which causes you difficulty in securing, retaining, or advancing in employment. Please check one word below which best describes your disability, if any:

Visual Developmental
 Hearing Other (please describe)
 Speech None
 Physical

B. Please indicate whether you will need special accommodations during the interview process.

Yes No If yes, please describe:

4. VETERAN STATUS

A. Are you a disabled veteran? Yes No

B. Are you a Vietnam Era Veteran (between August 5, 1964, and May 7, 1975)?

Yes No If yes, date of discharge?

Signature: _____

*State of Kansas
Drug Screening Program
for Safety-Sensitive Positions*

Statement of Policy

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that applicants given a conditional offer of employment for a safety-sensitive position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no applicant whose test shows illegal drug use will be employed by the State in a safety-sensitive position.

*State of Kansas
Alcohol and Controlled Substance
Testing Program for Commercial Drivers*

Statement of Policy

The State of Kansas is committed to an alcohol and controlled substance free workforce to protect the safety of workers and the public. The State administers this program with strict policies and procedures In place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that applicants given a conditional offer of employment for a commercial driver position take an alcohol and controlled substance test to show they are substance free. In order to protect the safety of workers and the public, no applicant whose test shows confirmed positive alcohol and or controlled substance result will be employed by the State in a commercial driver position.

*Student Right to Know
and
Campus Security Act*

Statement of Policy

The Kansas State University Annual Security Report is available at <http://www.k-state.edu/studentlife/reportsandpolicies/>. The report contains campus crime statistics and other important safety and security information required by federal law. A paper copy of the report is available upon request by contacting the Dean of Student Life Office or the Director of Human Resources.