

Possible Work Locations	Possible Positions

**FOR
EMPLOYMENT**

Work Location _____	Rate _____
Position _____	Date _____

(PLEASE PRINT PLAINLY)

To Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Please note that we are an "Equal Opportunity Employer".

PERSONAL

Date _____

Name _____ Social Security No. _____

Last First Middle

Present address _____ Telephone No. _____

No. Street City State Zip

Are you legally eligible for employment in the USA? _____ State age if under 18 or over 70. _____

Do you have reliable transportation to get to work? _____ Do you have a valid drivers license? _____

If need be, would you have reliable transportation to work overtime hours? _____

Position(s) applied for _____ Rate of pay expected \$ _____ Annual
\$ _____ Hour

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 20__

Are there any other experiences, skills, or qualifications which you feel have prepared you for work with our organization? _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____

Have you been convicted of a felony within the last five years? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			5	6	7	8		
Elementary								
High								
College								
Other (Specify)								

List below all present and past employment, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

II

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

III

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

IV

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

May we contact the employers listed above? _____ If not, indicated by No. which one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment history.

Signature _____ Date _____

DIVISION OF WORKERS COMPENSATION

300 S.W. Jackson Street, Suite 600, Topeka, Kansas 66612-1277

Phone: (785) 296-3441 - Fax: (785) 296-0839

WEB SITE: <http://www.hr.state.ks.us/wc/html/wc.htm>

E-Mail: workerscomp@hr.state.ks.us

**Request for Workers Compensation Records
For Party Requesting Information**

Name: _____ Phone Number: (785) 243-3895

Company or Entity: Gerard Tank & Steel, Inc.

Address: 1540 E 11th St., PO Box 513

City, State, Zip: Concordia, KS 66901

Workers Name: _____ Worker's SS# _____

Records sought: Accident reports Medical records Form 88's Transcript Proceed.

In order to acquire accident reports, medical records or Form 88's, the requestor must be in category I or II below. Please specify which categories pertain to you and provide the accompanying information:

- I) Are you: The employer of a worker seeking workers compensation benefits.
- An insurance carrier with coverage of a worker seeking workers compensation benefits.
- An insurance carrier's attorney/representative for the employer.

Date of accident: _____

- II) Are you: An employer which has made a conditional offer of employment to the individual whose records are sought.
- An insurance carrier of an employer which has made an employment offer to the individual whose records are sought.
- An insurance carrier's attorney/representative for the employer.

Type of job conditionally offered the individual: _____

The following release must be signed by the worker to whom the offer of employment was made:

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Division of Workers Compensation of the State of Kansas and give the Division permission to release the records specified to the individual or entity making the request.

Signature of Worker: _____

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of Requestor: _____

Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual. The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.