

THE JOURNAL CLASSIFIEDS

Help Wanted

USD 494 IS HIRING!

**SCAN QR CODE
FOR AVAILABLE
JOBS**



The **Hamilton County Sheriff's Office** is currently accepting applications for **full-time or part-time Communications Officer / Dispatcher** positions. The full-time position will have county benefits, including a full family health plan vacation, sick leave, paid holidays, and a KPERS retirement plan. Applicants must be a U.S. Citizen that are at least 18 years of age and have earned a high school diploma or G.E.D. and must be able to work weekends, holidays, and nights. The full-time schedule is 14 days per month 12-hour shifts. Applicants must also be residents of Hamilton County within 30 days of employment. Applications may be obtained in person, and the position will remain open until it is filled. Hamilton County is an Equal Opportunity Employer.

Hamilton County Wildlife Control is looking to hire a self-motivated individual to join our team, treating prairie dogs in various areas around the county.

This is a **part-time/temporary position.**

Must be reliable, hardworking and able to take initiative, detail-oriented and Safety minded with good communication and problem-solving skills.

Need to have a valid drivers license as well as experience with outdoor work and skilled at handling and operating an ATV.

Please pick up an application in the County Clerk or Road Dept Office.

Call Kerstin @ 620-384-5135 for more information or have an application sent to you.

Hamilton County is an Equal Opportunity Employer. Applications will be taken till position is filled.

Syracuse Dairy is now accepting applications for milking positions starting at \$14.00 an hour with a \$250.00 signing bonus.

Syracuse Dairy LLC Benefits include 401K, health insurance, dental insurance, and life insurance. Please apply in person at our office or call 620-492-2525.



Statement of Ownership

Addr 2:
City, State ZIP: Syracuse, KS 67878-1068

Editor (Name and complete mailing address)
Name: Michele Boy
Addr 1: PO Box 1068
Addr 2:
City, State ZIP: Syracuse, KS 67878-1068

Managing Editor (Name and complete mailing address)
Name:
Addr 1:
Addr 2:
City, State ZIP:

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all the individual owners. If owned by a partnership or other unincorporated firm, give it's name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give it's name and address.)

[illegible]

11. Known Bondholders, Mortgagees and Other Security Holders Owning or Holding 1 Percent or more of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

[illegible]

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☐ Has Not changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement below)

The Syracuse Journal		14. Issue Date for Circulation Data Below	
15.		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to filing Date
Extent and Nature of Circulation			
a. Total Number of Copies (Net press run)		600	600
b. Paid and/or Requested Circulation	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	165	165
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	255	255
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS	100	100
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail)	0	0
	c. Total Paid Distribution [Sum of 15b. (1), (2), (3), and (4)]	520	520
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541		
	(2) Free or Nominal In-County Copies Included on PS Form 3541		
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)		
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)		
	e. Total Free or Nominal Rate Distribution (Sum of 15d. (1), (2), (3) and (4))	0	0
f. Total Distribution (Sum of 15c. and 15e.)		520	520
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))			
h. Total (Sum of 15f. and g.)		520	520
i. Percent Paid (15c. Divided by 15f. Times 100)		100.00%	100.00%
* if you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.			
16. Electronic copy Circulation			
If present, check box <input type="checkbox"/> Publication required. Will be printed in the <input type="text" value="10/09/2025"/> issue of this publication. <input type="checkbox"/> Publication not required			
a. Paid Electronic Copies			
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)		520	520
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)		520	520
d. Percentage Paid (Both Print & Electronic Copies (16b divided bt 16c x 100)		100.00%	100.00%
I certify that 50% of all my distribution copies (electronic and Print) are paid above a nominal price			
17. Publication of Statement of Ownership			
<input checked="" type="checkbox"/> Publication required. Will be printed in the <input type="text" value="10/09/2025"/> issue of this publication. <input type="checkbox"/> Publication not required			
18. Signature and Title of Editor, Publisher, Business Manager, or Owner		Title	Date
<input type="text" value="Michele Boy"/>		<input type="text" value="Owner/Editor"/>	<input type="text" value="10/02/2025"/>
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties)			