



## Kansas Medical Center, L.L.C.

Application for Employment

In compliance with applicable laws, the company does not discriminate because of age, sex, race, color, religion, marital status, national origin, disability or other applicable protected status.

**Instructions:** Please print. Be sure to answer all questions. If a question does not apply to you, answer it with "no" or "not applicable" (N/A).  
**Do not substitute a resume for the requested information. If additional space is needed write on back of last page.**

Position applied for	Shift preference (if applicable)	Status preference <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> PRN
Who referred you to KMC?		Minimum salary requirement
Have you worked with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates	Date available for work?
<b>General Information</b>		
Last name		Social Security Number
First	Middle	
Present address	City	State
		Zip
		How long?
Telephone number and area code	Home ( )	Work ( )
		Cell ( )
Person to be notified in case of emergency		
Name		Phone ( )
Check one to indicate citizenship status	<input type="checkbox"/> Legal Citizen (LC)	<input type="checkbox"/> Student Visa (SV)
	<input type="checkbox"/> Resident Alien (RA)	<input type="checkbox"/> Visitor Visa (VV)
		Visa number and expiration if applicable:
List both current and inactive professional licenses and registrations		
Type	State	Number
		Date issued
		Expiration date
		Status
Have you ever received sanctions, been on probation or had limitations placed on any of your professional licenses or regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide offense and date
Have you ever been terminated from or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employer and date

**An equal opportunity employer**

**Kansas Medical Center**

**Employment History**

Please list your employment history beginning with your present or most recent employment. Please answer all questions and explain all periods of unemployment.

**Please do not substitute a resume for the information requested.**

Name, address, phone number of supervisor	Employment Dates		Position(s) held and Duties	Salary		Reason for leaving
	From	To		Starting	Leaving	

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Education History				
Education	Name and location of institution	Highest grade completed	Did you graduate?	If you graduated, what was your degree and/or major
High school and/or G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study
Graduate school			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study
Other institutions attended			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study

Skills and Qualifications
Please summarize any skills, training, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References: Please list three individuals that you have known for at least a year and not related to you.		
Name	Years Acquainted	Complete mailing address, Phone number
1.		
2.		
3.		

**Applicant's Statement**

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize Kansas Medical Center L.L.C. or its agents to conduct an investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims or law suits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of Kansas Medical Center L.L.C. and to support the company's commitment to operate in compliance with all applicable laws. I understand that all employees are subject to the rules and testing components of the Kansas Medical Center L.L.C. drug and alcohol policy and that employment with Kansas Medical Center L.L.C. is contingent upon compliance with this policy.

I understand this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also understand that any period of employment is not for a specific duration.

<b>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</b>	
I certify that I have read, fully understand and accept all terms of the above Applicant statement.	
Applicant's Signature _____	Date _____



## EMPLOYMENT APPLICATION ADDENDUM

The Kansas Medical Center L.L.C. requires its employees to comply with the Company's drug-free workplace standards.

As part of our Recruitment & Selection process, a mandatory pre-employment substance abuse screening is required. All testing will be conducted by a certified laboratory, conforming with industry standards and procedures set forth by the National Institute of Drug Abuse (NIDA). All associated expenses will be paid by the Kansas Medical Center L.L.C.

Refusal by an individual to consent to this test, or failure by an individual to test negatively for the presence of non-prescription controlled substances in his/her system, will be cause for the Kansas Medical Center L.L.C. to rescind any offer of employment

### CONSENT AND RELEASE

Upon being hired by Kansas Medical Center L.L.C., I agree to participate in a pre-employment screening for the illegal use of controlled substances; I authorize the release of all information obtained in this process to the Kansas Medical Center L.L.C.

I understand that my failure to comply with this procedure, or a positive test result, will constitute cause for the retraction of the Kansas Medical Center L.L.C. employment offer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of Kansas Medical Center to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under EO 11246 we invite all applicants to identify themselves as indicated below

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Gender: Male Female

Position Applied For (list only one) \_\_\_\_\_

What is your race/ethnic origin?

**W- White**

**H – Hispanic/ Latino**

**I – American Indian / Alaskan Native**

**B – Black / African American**

**A – Asian**

**P – Native Hawaiian / Alaska Native**

**T – Two or More**