

Major\Minor_____

Trade or Business School(s) Attended_____

Did you graduate-year if so_____

Subjects
studied_____

EXPERIENCE INFORMATION

After reviewing the job description for the position for which you are applying, please
Explain any skills or experience that would benefit you:

EMPLOYMENT EXPERIENCE

List Four (4) previous employers – starting with the most recent employment first

Name, Address and Phone of Employer	Position	Salary
1. _____	_____	_____
_____	Dates _____ to _____	_____
_____	Reason left _____	_____

Position held_____

Supervisor's name and position_____

Name, Address and Phone of Employer	Position	Salary
2. _____	_____	_____
_____ Dates _____ to _____		
_____ Reason left _____		

Position held _____
Supervisor's name and position _____

Name, Address and Phone of Employer	Position	Salary
3. _____	_____	_____
_____ Dates _____ to _____		
_____ Reason left _____		

Position held _____
Supervisor's name and position _____

Name, Address and Phone of Employer	Position	Salary
4. _____	_____	_____
_____ Dates _____ to _____		
_____ Reason left _____		

Position held _____
Supervisor's name and position _____

Please list three (3) professional references. Do include one employer. Do not include personal friends/relatives.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Have you been convicted of a felony? Yes _____ No _____

If yes, please explain _____

ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as a condition of employment, I may be subject to physical examination to determine if I would be capable of performing the duties to which I would be assigned and/or to, a pre-employment drug test. I further understand that the results of such a test would remain confidential, would be paid for by Heart of Kansas Family Health Care, and would not affect my opportunity for employment, in keeping with the Americans with Disabilities Act.

I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with Heart of Kansas Family Health Care is of an “at will” nature, which means that the Employee may resign at any time and 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 Heart of Kansas Family Health Care Board member.

I understand that Heart of Kansas Family Health Care is an Equal Opportunity Employer and that no individual will be rejected because of race, color, religious creed, national origin, sex, age, handicap or marital status.

This application for employment must be signed and dated to be valid.

Signature

Date