

University of Kansas Medical Center

APPLICANT CERTIFICATION FORM

I certify that all information contained in my resume and/or application for employment at KUMC is correct to the best of my knowledge. I understand that providing false or incomplete information may result in disqualification for employment, termination or withdrawal of the job offer. I understand the University of Kansas may verify any or all statements in this application and I consent to the release of information by employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staffing specialists or other authorized employees.

Affirmation/Oath

If I am a current KUMC employee, I further hereby authorize the Department of Human Resources to release information regarding my performance evaluations, general work record and qualifications to KUMC Departments with whom I have interviewed for a transfer/promotion. I further understand that if I am eligible for overtime, the University of Kansas may at the institution's discretion, compensate overtime through either compensatory time off or payment at the appropriate rate. I understand that I must prove my eligibility to work in the United States of America. I understand that if I have ever been convicted of a crime, I must disclose any and all crimes now by completing the application for employment sections pertinent to the subject. If I am hired, as required by Kansas law 75-4308, **I do hereby swear/affirm that I will support the constitution of the United States and the constitution of the State of Kansas, and faithfully discharge the duties of my office or employment.**

Print Full Name

Date

Signature

Social Security Number _____

Date of Birth _____