

UNIVERSITY OF KANSAS SCHOOL OF NURSING
APPLICATION FOR EMPLOYMENT

Clinical Learning Skills Lab
Room 1020 School of Nursing Building
Kansas City, KS 66160

Date of Application _____
Current KUMC Employee Yes No

An Equal Opportunity Employer
We welcome applications from qualified persons without regard to race, religion, sex, age, disability, or veteran status

Answer All Questions (Please Print or Type)

(Use supplemental Sheet if Necessary)

Position Title & Number or Type of Work

Minimum Salary Requirement

Date Available for Work

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PERSONAL DATA

Print Last Name, First Name, Middle Name

List Other Names Under Which Records May be Obtained

Address	Number and Street	City	State	Zip Code	Daytime Phone Number(s)
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Are you at least 16 years of age? Yes No

Have you been convicted of a crime? If yes, describe in full each conviction, including date(s) on Supplemental Sheet
Yes No

Have you ever been employed at KUMC? Yes No

If yes, List Department, Position Held, Dates of Employment and Name Under Which Employed:

Have you ever worked for another State of Kansas agency in any capacity, including Student Employment? Yes No

If yes, please list agency: Agency

State ID# if known

Are you related to a current KUMC employee? Yes No

If Yes, list name, relationship, and department

EDUCATIONAL DATA

What is the highest educational level you have obtained?

- GED High School Some College College Degree Masters Degree Doctorate
- Other Please Describe

State the Name and Address of the school for the box checked.

School Name

Address

City, State, Zip Code

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EMPLOYMENT HISTORY (include all employers) Use supplemental Sheet when Necessary

1. Current or Most Recent Employer		Address	Supervisor
Date Employed From: (M/Yr) To: (M/Yr)	Salary Starting: Ending:	Phone No.	
Your Job Title	Reason for Leaving	May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Your Job Duties		
2. Employer		Address	Supervisor
Date Employed From: (M/Yr) To: (M/Yr)	Salary Starting: Ending:	Phone No.	
Your Job Title	Reason for Leaving	May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Your Job Duties		
3. Employer		Address	Supervisor
Date Employed From: (M/Yr) To: (M/Yr)	Salary Starting: Ending:	Date Employed Ending:	Phone No.
Your Job Title	Reason for Leaving	May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Your Job Duties		

Have you ever been fired from a position or suspended without pay? Yes No
 If Yes, Please explain on a supplemental sheet. A "Yes" answer will not automatically prevent your hire.
 List any PC software or other equipment you can operate, and any special skills or qualifications acquired from employment or other experience, including volunteer activities. (use supplemental sheet if necessary)

Campus Safety & Security

For information about campus safety and security, please check our website at <http://www.kumc.edu/service/police/campact.html>, or contact the University Police Department by phone at 913-588-5133 or at 3901 Rainbow Blvd., Kansas City, Kansas 66160-7145.

Certification / Authorization

I certify that the above statements are correct to the best of my knowledge and understand that providing any false or incomplete information in this application 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. 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.

Affirmation/Oath

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. If I am hired, as required by Kansas law 75-4308, I do solemnly swear/affirm that I will support the constitution of the United States and and the constitution of the State of Kansas, and faithfully discharge the duties of my office or employment.

Signature _____ Date _____

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This application will be placed in our active file after 90 days.

Supplemental Sheet

Information pertaining to each criminal conviction: _____

Explanation of dismissal from previous, position(s) or suspension(s) without pay: _____

Additional Employment History:

Employer		Address		Supervisor
Date Employed From: (M/Yr)	To: (M/Yr)	Salary Starting:	Ending:	Phone No.
Your Job Title		Reason for Leaving		May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Your Job Duties		
Employer		Address		Supervisor
Date Employed From: (M/Yr)	To: (M/Yr)	Salary Starting:	Ending:	Phone No.
Your Job Title		Reason for Leaving		May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Your Job Duties		
Employer		Address		Supervisor
Date Employed From: (M/Yr)	To: (M/Yr)	Salary Starting:	Ending:	Phone No.
Your Job Title		Reason for Leaving		May we contact your current employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>

