



**THE KANSAS FOUNDATION  
FOR MEDICAL CARE, INC.**  
**WE FACILITATE  
THE IMPROVEMENT OF HEALTHCARE**

# The Kansas Foundation for Medical Care, Inc.

2947 SW Wanamaker Drive / Topeka, Kansas 66614-4193

Human Resources Office - Telephone: (785)-271-4117

## Employment Application

We are an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, or veteran status. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Incomplete employment applications may not be given consideration for employment. Applications are kept on file for 60 days from applicant signature date.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Message #: \_\_\_\_\_

Position Applied for: \_\_\_\_\_  Full Time  Part Time **Date of Availability:** \_\_\_\_\_

Current Salary: \_\_\_\_\_ Minimum Salary Requirements: \_\_\_\_\_

Were you previously employed by KFMC? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state dates: \_\_\_\_\_

If hired, will you furnish proof you are eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain. We will be happy to explain the legal requirements: \_\_\_\_\_

### Educational Information

**(Note: Candidates are required to provide proof of education, certifications and licensures)**

Name of Institution (include city/state)	Did you		Degree/Diploma	Major/Minor Field of Study
	Graduate?			
High School?	Yes	No		
Tech, Voc, Business Schools?	Yes	No		
College	Yes	No		
Graduate School?	Yes	No		

### Advanced Skills, Certifications, Licensure & Qualifications

Indicate below any experience, special training, skills, licensure, or certifications not provided in other parts of this application that may assist you in performing the position for which you are applying. **You may attach additional pages as needed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your skills in working with office/other equipment by the various types. Please list your computer skills, using software, hardware, e-mail, internet, word processing, spreadsheets, and any other computer skills that apply. **You may attach additional pages as needed:**

Office/Other Equipment Skills	Years of Experience	Computer Skills	Years of Experience

## Employment History

Please begin by listing information from your most recent employer. If attaching resume, please **DO NOT** indicate "see resume," but complete employment history in its entirety. **You may attach other pages as needed:**

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		POSITION
CITY	STATE	ZIP
DUTIES (LIST)		MAY WE CONTACT AS A REFERENCE?
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY
EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		POSITION
CITY	STATE	ZIP
DUTIES (LIST)		MAY WE CONTACT AS A REFERENCE?
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		POSITION
CITY	STATE	ZIP
DUTIES (LIST)		MAY WE CONTACT AS A REFERENCE?
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

## Applicant Statement

*Please read carefully before signing*

My signature below certifies that all information I have provided on this application or on any attached document is complete, true, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration of employment, or may result in my immediate discharge from KFMC's service, whenever it is discovered. I expressly authorize, without reservation, KFMC, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, and/or job interview. I hereby waive any and all rights and claims I may have against KFMC, its agents, employees, or representatives for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. I understand that KFMC does not unlawfully discriminate in employment on any basis prohibited by applicable local, state, or federal law. If I am hired, I understand that I am free to resign at any time, with or without prior notice, and that KFMC reserves the same right to terminate my employment at any time without cause and without prior notice. This application does not constitute an agreement or contract for employment for any period or duration.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date