



**Community Health Center  
of Southeast Kansas**

# Employment Application

Community Health Center of Southeast Kansas is an Equal Opportunity employer and complies with all Federal and State laws prohibiting employment discrimination because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment, or medical condition.

**EVEN IF YOU ARE ATTACHING A RESUME, PLEASE COMPLETE THIS EMPLOYMENT APPLICATION AS COMPLETELY, ACCURATELY AND LEGIBLY AS POSSIBLE.**



**Community Health Center  
of Southeast Kansas**

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

PLEASE READ BEFORE SIGNING THE APPLICATION:

AFFIDAVIT: *I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I also understand a conditional offer of employment may be based on results of an investigative background check and a later medical examination. Community Health Center of Southeast Kansas is an equal opportunity employer. Community Health Center of Southeast Kansas does not discriminate because of race, color, religion, sex, national origin, ancestry, disability, marital status or age in employment. I authorize any educational institution and my former employers to provide any information they may have regarding me in their records. I hereby release them, their employees and Community Health Center of Southeast Kansas from all liability for any damage, whatsoever, for providing or obtaining same. I agree if employed by Community Health Center of Southeast Kansas to be paid in accordance with the Fair Labor Standards Act. The law provides that an employee may be paid every two weeks. I hereby agree, if employed by Community Health Center of Southeast Kansas, to abide by the rules and policies of Community Health Center of Southeast Kansas. I understand that my application will remain in the active file for a period of one year from the date of application. The employee and Community Health Center of Southeast Kansas have a right to freely enter into the employment relationship and sever this relationship at any time, for any reason. The Immigration Reform and Control Act of 1986 requires all employers to verify IDENTITY and EMPLOYMENT AUTHORIZATION for all employees. Further, I understand that any employment is not for a stated period of time and may be terminated with, or without, cause at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_