

## Application for Employment

KC Medical Personnel is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (**don't just indicate "See Resume."**) Applications with missing or invalid job information will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:		
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Cell Phone:	Date of Birth:	
Are you eligible to work in the United States?	Yes No	Email Address:		
Are you currently employed at All About Staffing?	Yes No	If YES, what is your current job title & department?		
Have you ever applied with All About Staffing?	Yes No	If YES, when did you apply? (date or year)		
If required for position, do you have a valid driver's license?	Yes No	If YES, State of issuance, license #, and expiration date:		

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
<b>High School/GED:</b>		Yes No				
Other School:		Yes No				
<b>College:</b>		Yes No				
Credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

### REFERENCES

Please list three professional references who can verify your work skills, attendance and character.

Individuals Name	Telephone #	Address (City, State, Zip)	Type of Business	Years Acquainted

Have you ever been convicted of a crime? (Only minor traffic violations may be omitted) \_\_\_\_\_ NO \_\_\_\_\_ Yes

If "yes" provide the date, location, circumstances, and identify the offenses(s) and jurisdiction(s): \_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY PLEASE DO NOT** complete this information with the notation "See Resume."

List your employers during past ten years,  
with present or last employer first. If more space is needed, use additional pages.

**PLEASE NOTE:** KC Medical Personnel reserves the right to contact all current and former employers for reference information.

1. Employer's name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_ Temp \_\_\_\_\_  
Duties: \_\_\_\_\_ Final Pay rate \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are you still there? \_\_\_ Yes \_\_\_ No  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment, from \_\_\_\_\_ to \_\_\_\_\_  
Were you \_\_\_ Resigned? \_\_\_ Laid off? \_\_\_ Discharged? What reason were you given? \_\_\_\_\_

2. Employer's name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_ Temp \_\_\_\_\_  
Duties: \_\_\_\_\_ Final Pay rate \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are you still there? \_\_\_ Yes \_\_\_ No  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment, from \_\_\_\_\_ to \_\_\_\_\_  
Were you \_\_\_ Resigned? \_\_\_ Laid off? \_\_\_ Discharged? What reason were you given? \_\_\_\_\_

3. Employer's name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_ Temp \_\_\_\_\_  
Duties: \_\_\_\_\_ Final Pay rate \$ \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Are you still there? \_\_\_ Yes \_\_\_ No  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of employment, from \_\_\_\_\_ to \_\_\_\_\_  
Were you \_\_\_ Resigned? \_\_\_ Laid off? \_\_\_ Discharged? What reason were you given? \_\_\_\_\_

Have you served in the U.S. Military, National Guard, Or Reserves, even you received no work-related training? \_\_\_ Yes \_\_\_ No.

If "yes" which branch? \_\_\_\_\_ Final Rank: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize KC Medical Personnel to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of KC Medical Personnel serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

