



CANCER CENTER OF KANSAS, P.A.

PLEASE PRINT WHEN COMPLETING THIS APPLICATION. Fill out all pages completely and legibly. You will not be given a personal interview for employment if required information is left blank or otherwise incomplete.

		Date
Name	Social Security Number	Phone ()
Address		Daytime Phone ()
City, State & Zip	Emergency Contact Name and Phone Number ()	
Position Desired	Full Time Part Time Temp (circle one)	Approximate Salary Expected
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of U.S. Citizenship or immigration status will be required upon employment)</i>		What date will you be available for work?

EDUCATION

CIRCLE LAST YEAR COMPLETED	GRAMMAR SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	COLLEGE 13 14 15 16	GRADUATE 17 18 19 20
SCHOOL NAME AND LOCATION		DATES ATTENDED	COURSE OF STUDY	DEGREES AND HONORS
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER				
FOREIGN LANGUAGE	(LANGUAGE)	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	<input type="checkbox"/> FLUENTLY <input type="checkbox"/> WITH DIFFICULTY <input type="checkbox"/> MODERATELY WELL	

EMPLOYMENT

List below employment history beginning with most recent employer:

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION / DUTIES	REASON FOR LEAVING
FROM				
TO	PHONE NUMBER SUPERVISOR'S NAME			
FROM				
TO	PHONE NUMBER SUPERVISOR'S NAME			
FROM				
TO	PHONE NUMBER SUPERVISOR'S NAME			
FROM				
TO	PHONE NUMBER SUPERVISOR'S NAME			

WERE YOU REFERRED TO CCK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHO REFERRED YOU?		
HOW DID YOU HEAR ABOUT THIS POSITION?	DO YOU KNOW ANY OF OUR EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, THEIR NAMES:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and when?			
EXPERIENCE / SKILLS INVENTORY			
Please enter a check mark by any of the following skills in which you are qualified by reason of previous experience or training.			
<input type="checkbox"/> NURSING, GENERAL <input type="checkbox"/> ONCOLOGY NURSING <input type="checkbox"/> PHLEBOTOMY <input type="checkbox"/> X-RAY <input type="checkbox"/> IV EXPERIENCE <input type="checkbox"/> OTHER	<input type="checkbox"/> MEDICAL TRANSCRIPTION <input type="checkbox"/> RECEPTION <input type="checkbox"/> MULTI LINE PHONE <input type="checkbox"/> APPOINTMENT SCHEDULING <input type="checkbox"/> FILING <input type="checkbox"/> INSURANCE REPORTS	<input type="checkbox"/> CALCULATOR BY TOUCH? <input type="checkbox"/> KPH <input type="checkbox"/> COMPUTER <input type="checkbox"/> MS WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> OUTLOOK <input type="checkbox"/> DICTATION EQUIPMENT <input type="checkbox"/> DUPLICATING EQUIPMENT <input type="checkbox"/> OTHER _____ _____ _____	
EMPLOYMENT RELATED REFERENCES			
NAME	BUSINESS	RELATIONSHIP	TELEPHONE
			()
			()
			()
MAY WE CONTACT THESE REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:			

Employment Agreement

I authorize Cancer Center of Kansas, P.A. (herein referred to as CCK) to ask persons or companies listed as referenced on this Employment Application any questions concerning me, my work habits, skills or my conduct on the job.

I also agree that if I am employed by CCK, now or at any time in the future, my employment may be terminated by CCK at any time without liability to me for wages or salary except for such wages or salary which I earned prior to the date of my termination.

In connection with my application for employment at CCK, I acknowledge that a pre-employment background investigation will be made by CCK's selected agent to solicit information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal convictions record and general public records history.

I release CCK and the company's selected background investigation agent, their respective employees and agents and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of such information or reports.

Applicant Certification

I certify that the facts contained in this employment application are true and complete to the best of my knowledge and understand that, if employed, any falsified statement on this application shall be grounds for dismissal.

Employment is based on individual merit. Opportunities are open without regard to race, religion, color, national origin, sex, age, ancestry, visible or nonvisible handicap, sexual preference, or veteran's status.

Signature of Applicant _____
Date

Interviewer _____	Date Interviewed _____	Starting Date _____	Starting Salary \$ _____ / _____
Employers Comments: _____ _____			

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Cancer Center of Kansas, P.A. (hereinafter “Company”) is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government of civil rights enforcement. When reported, data will not identify any specific individual. Self-identification is the preferred method of identifying the race and ethnic information necessary for EEO-1 reporting. Employers are required to attempt to allow employees to use self-identification and complete the EEO-1 report. If an employee declines to self-identify, employment records or observer identification may be used.

This form will be kept in a confidential file separate from your application for employment.

Employee Name: _____ Date: _____

Race and ethnic designations as used by the Equal Employment Opportunity Commission (EEOC) do not denote scientific definitions of anthropological origins. Definitions of race and ethnicity categories are as follows. Please check the appropriate definition.

Gender:

- Female** **Male**

Race/Ethnic Identification:

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other pacific islands.
- Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.
- Decline self-identification**

Veteran’s Group:

- Non-Vietnam Era Veteran** **Vietnam Era Veteran**
- Disabled Non-Vietnam Era Veteran** **Disabled Vietnam Era Veteran**
- Veteran’s Widow/Widower** **Not a Veteran**