



Application for Employment

A Drug/Alcohol-Free Workplace

It is the policy of Kansas Masonic Home to recruit and employ the best qualified personnel for available positions, to provide equal opportunity for the advancement of employees, and to administer these activities in a manner which will not discriminate against any person because of race, creed, color, religion, age, sex, national origin, physical or mental handicap, genetic information, economic status, marital status, or any other characteristic protected by law. Kansas Masonic Home is an equal opportunity employer.

Personal Information

Date _____

Name		Social Security Number	
Present Address		City, State, Zip	
Telephone Number		Have you ever worked under a different name? If yes, state name	
Are you over the age of 17?		Are you eligible for employment in the United States under the Immigration Reform and Control Act of 1986?	

Position Information

Position Desired	Full Time _____ Part Time _____	Shift Preferred
Wage/Salary Desired	Date Available	Can You Work Weekends?

Education

	Name and Address of School	Course of Study	Years Attended	Diploma/Degree
High School				
Business or Trade School				
College				

Licenses/Certificates/Registrations

License/Certificate/Registration	State Issued	Date Issued	Expiration Date

Former Employers List the last three employers, starting with the most current one first.

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Hourly Final Wage	Reason for Leaving
Job Title		Description of Work	
May We Contact Employer/Supervisor?	Name of Supervisor	Title	Phone

Name of Employer			
Address		City	State Zip
Starting Date	Leaving Date	Hourly Final Wage	Reason for Leaving
Job Title		Description of Work	
May We Contact Employer/Supervisor?	Name of Supervisor	Title	Phone

Name of Employer			
Address		City	State Zip
Starting Date	Leaving Date	Hourly Final Wage	Reason for Leaving
Job Title		Description of Work	
May We Contact Employer/Supervisor?	Name of Supervisor	Title	Phone

References Give the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number	Business	Years Acquainted

Additional Information

Where did you hear about Kansas Masonic Home? _____

Have you ever been employed by Kansas Masonic Home? If so, when? _____

Are you able to perform the essential functions of the job for which you have applied, either with or without reasonable accommodation?

____ YES ____ NO

Use the space below to describe your interest in Kansas Masonic Home and the skills and aptitudes that you feel qualify you for a position at Kansas Masonic Home, in particular the one for which you are applying:

Applicant Acknowledgement and Authorization

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Kansas Masonic Home's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Kansas Masonic Home's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Kansas Masonic Home. I understand that no company representative, other than the Executive Director, and then only when in writing and signed by the Executive Director has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand to be considered for any position, I may be subject to a Registered Sex Offender search, a KBI Background Check, and any other verification checks as needed; and that any offer of employment will be contingent on a successful result.

I understand that Kansas Masonic Home is a Drug/Alcohol-Free Workplace and that if I am offered employment, the offer may be contingent on my passing a pre-employment alcohol and/or drug screen. By signing this application, I voluntarily agree to submit to a pre-employment alcohol and/or drug screen. I understand that failure to pass the alcohol and/or drug screen will result in withdrawal of the employment offer. I understand that if I refuse to submit to a test I will not be considered for employment.

Signature: _____ Date: _____

Emergency Contact Information

Please fill in the person you would like us to contact in case of an emergency:

Name: _____ Phone: _____



Personal History Form

Have you ever been convicted of a criminal offense (felony or misdemeanor) other than a traffic infraction? Yes _____ No _____

If you answered yes, explain the offense, the date, and the place of occurrence for each and every conviction. Answering yes will not automatically bar you from employment.

Have you ever had your parental rights to a child terminated? Yes _____ No _____

If you answered yes, give the name(s) of the child(ren), the date of termination, and identify the terminating court.

Have you ever had a license to work in a Health-Care related job revoked? Yes _____ No _____

If you answered yes, identify the license(s) revoked, the revoking agency, the date(s) of revocation, and the grounds of revocation.

Print Name: _____

Signature: _____ Date: _____



Reference Checking Authorization and Release Form

I, _____ do hereby grant my complete permission to all facilities with whom I was previously employed to verify and release information to Kansas Masonic Home or its representatives regarding my employment history, job performance, salary history and work record while employed with the facility. I further give permission to the facility to release copies of my previous performance reviews and to answer all legal inquiries regarding my record while employed by the company. My signature confirms my agreement with my previous employers to release the above information regarding my employment experience. I agree to release the facility and its representatives from all liability for providing legal, relevant and accurate information in good faith regarding my employment as a result of inquiries. I further agree not to take legal action against Kansas Masonic Home or its representatives for release of requested information.

Social Security Number: _____

Signature: _____ Date: _____

Facility Use Only				
Facility Name: _____				
Dates of Employment	From: _____		To: _____	
Job Performance (circle one)	Excellent	Good	Fair	Poor
Attendance (circle one)	Excellent	Good	Fair	Poor
Eligible for Rehire (circle one)	Yes	or	No	
	Reason: _____			
Termination (circle one)	Voluntary	or	Involuntary	
	Details _____			
_____ Authorized Signature			_____ Date	
Please Fill this form out as completely as possible, then fax back to:				
Fax: (316) 267-2199				
Thank you!				