MEDICINE LODGE

For Office Use Only
Date Stamp

APPLICATION FOR EMPLOYMENT

Please print all information requested except signature.

DATE OF APPLICATION _____

PERSONAL INFORMATION

Name (First, MI, Last)
Mailing Address
City, State, and Zip Code
Contact Information: Cell Phone: _____ Home Phone: _____ E-mail:

Position applied for: _____ Available Start Date _____ If under 18, please list age. _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary/Seasonal

Are you a U.S. citizen, permanent resident or authorized to work in the U.S.? _____

Proof of citizenship or immigration status will be required upon employment.

Do you have a Kansas driver's license? _____

EDUCATION

	Name and Location	Years Completed	Major/Degree
High School/GED			
College or Business/Trade School			
Other Education			

MILITARY Have you ever been in the military? _____Are you now a member of the National Guard? _____

Specialty _____ Date Entered _____Discharge Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WORK EXPERIENCE

Company	Name of last supervisor	Hours/week
Address	Start Date	Starting Wage/Salary
City, State, and Zip	End Date	Final Wage/Salary
Phone Number	Your last job title	
Company	Name of last supervisor	Hours/week
Address	Start Date	Starting Wage/Salary
City, State, and Zip	End Date	Final Wage/Salary
Phone Number	Your last job title	
Company	Name of last supervisor	Hours/week
Address	Start Date	Starting Wage/Salary
City, State, and Zip	End Date	Final Wage/Salary
Phone Number	Your last job title	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. You may attach an additional paper to summarize any information necessary to describe your full qualifications for the specific position for which you are applying.

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____