

When completed, forward to:  
KanREN, Inc.  
PO Box 442167  
Lawrence, KS 66044

KanREN, Inc.  
Employment Application



## Application for Employment

### Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### Position Desired

Title: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

### Work Eligibility

Are you eligible to work in the United States? \_\_\_\_\_ (Yes or No)  
Have you ever been convicted of a crime? \_\_\_\_\_ (Yes or No)  
If yes, please explain.

*(Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.)*

### Availability

If hired, when will you be available to begin work? \_\_\_\_\_  
Are you seeking a part or full time position? Part time Full Time  
If part time, please indicate the hours you are available to work.  
Monday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Total hours per week: \_\_\_\_\_

### Education

High School:	_____	City/State:	_____
Graduation Date:	_____		
College:	_____	City/State:	_____
Course of Study:	_____	Number of years completed:	_____
Did you graduate?	Yes No	Degree:	_____
Graduate School:	_____	City/State:	_____
Course of Study:	_____	Number of years completed:	_____
Did you graduate?	Yes No	Degree:	_____
Other School:	_____	City/State:	_____
Course of Study:	_____	Number of years completed:	_____
Did you graduate?	Yes No	Degree:	_____

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**Employment/Military History**

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Employment Dates(month/year): \_\_\_\_\_  
Pay rate: \_\_\_\_\_  
(please specify if pay is hourly, weekly, or monthly)  
Job Responsibilities:

May we contact this employer?                      Yes              No  
If not, why not? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Employment Dates(month/year): \_\_\_\_\_  
Pay rate: \_\_\_\_\_  
(please specify if pay is hourly, weekly, or monthly)  
Job Responsibilities:

May we contact this employer?                      Yes              No  
If not, why not? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your job title: \_\_\_\_\_ Employment Dates(month/year): \_\_\_\_\_  
Pay rate: \_\_\_\_\_  
(please specify if pay is hourly, weekly, or monthly)  
Job Responsibilities:

May we contact this employer?                      Yes              No  
If not, why not? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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### Authorization

"I authorize KanREN, Inc. to obtain information about me from my previous employers and schools. I authorize my previous employers and schools that I have attended to disclose to KanREN, Inc. such information about me as KanREN, Inc. may request."

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Signature

Date

### Accuracy

"I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge."

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Signature

Date

### At Will Employment

"I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the president, has authority to change the terms of an at-will employment and that any such change can only occur in a written employee contract."

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Signature

Date