



University of Kansas Medical Center

APPLICANT CERTIFICATION FORM

Certification/Authorization

I certify that all information provided to the University of Kansas Medical Center in connection with my application for employment at KUMC is correct to the best of my knowledge and understand that providing false or incomplete information may result in disqualification for employment, termination or withdrawal of the job offer. I understand the University of Kansas may verify any or all statements in this application and I consent to the release of information by employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staffing specialists or other authorized employees. If I am the finalist for this position, I hereby authorize KUMC or its agents to conduct a criminal background investigation on me. If I am a current KUMC employee, I further hereby authorize the Department of Human Resources to release information regarding my performance evaluations, general work record and qualifications to KUMC Departments with whom I have interviewed for a transfer/promotion.

Affirmation/Oath

I further understand that if I am eligible for overtime the University of Kansas may at the institution's discretion compensate overtime through either compensatory time off or payment at the appropriate rate. I understand that I must prove my eligibility to work in the United States of America. I understand that if I have ever been convicted of a crime, I must disclose any and all crimes now by completing the application for employment sections pertinent to the subject. If I am hired, as required by Kansas law 75-4308, **I do hereby swear/affirm that I will support the constitution of the United States and the constitution of the State of Kansas, and faithfully discharge the duties of my office or employment.**

Signature _____

Name Printed: _____

Date: _____