

*Department of Pharmacology, Toxicology & Therapeutics  
University of Kansas Medical Center*

INSTRUCTIONS TO APPLICANTS FOR A  
SUMMER RESEARCH INTERNSHIP  
IN PHARMACOLOGY OR TOXICOLOGY

**Please complete and return this application with a letter describing your background, educational and career goals, and a statement regarding your interest in pharmacology or toxicology research. A college transcript and two letters of recommendation from faculty familiar with your academic abilities are also required.**

Mail to: Summer Research Intern Program  
Dept. of Pharmacology, Toxicology & Therapeutics  
Mail Stop 1018  
University of Kansas Medical Center  
Kansas City, KS 66160

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Circle: Male/Female

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_  
Day Evening

Permanent Mailing Address if different from above: \_\_\_\_\_

\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

If not a U.S. citizen, what is your visa status? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone No.

# 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 \_\_\_\_\_

Date \_\_\_\_\_