



Cairn Health, Inc.
 1530 S. Oliver, Suite 130
 Wichita, KS 67218
 316-683-7559

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMPLOYMENT APPLICATION

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Please include a copy of your resume/C.V. with your application packet.

References

Please list three professional references. A personal/character reference may be included as one of the three.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer

I authorize investigation of all statements contained in this application. I authorize anyone possessing this information to furnish it to Cairn Health upon request and I release anyone so authorized and Cairn Health from all liability and damages whatsoever in furnishing, obtaining, or using said information.

In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in immediate dismissal. I understand that I am required to abide by all policies and procedures of Cairn Health.

I understand and agree that if employed, the employment will be "at will." That is, either I or Cairn Health, Inc. may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application by Cairn Health does not guarantee an interview or imply employment and that this application and/or other Cairn Health documents are not contracts of employment.

Signature: _____ Date: _____

Cairn Health is an equal opportunity employer. We take active measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, gender, national origin, age, religion, creed, disability, veteran's status, economic status, marital status, sexual orientation, gender identity or gender expression.