



STOWERS INSTITUTE®
FOR MEDICAL RESEARCH

1000 E. 50th Street
Kansas City, Missouri 64110

PRE-EMPLOYMENT FORM

The Stowers Institute is an equal opportunity employer. It is the policy of the Institute to afford equal opportunity in all phases of employment (including advertising, solicitation, recruitment, hiring, transfers, promotions, demotions, compensation, training, benefits, layoffs, terminations and all other terms and conditions of employment) to all individuals regardless of race, creed, color, religion, gender, sexual orientation, pregnancy, national origin, age, disability (including within the meaning of section 504 of the Rehabilitation Act), military status or any other status protected by law.
PLEASE PRINT ALL REQUIRED INFORMATION. Date Completed _____

PERSONAL INFORMATION				
LAST NAME	FIRST	MIDDLE	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
ADDRESS (NO., STREET)		CITY	STATE	ZIP
E-MAIL ADDRESS _____				
TELEPHONE NUMBER () _____ AREA CODE		ALTERNATE NO. WHERE YOU MAY BE CONTACTED () _____ AREA CODE		U. S. SOCIAL SECURITY NO.
HOME _____	MOBILE _____	HOME _____	MOBILE _____	
BUSINESS _____	OTHER _____	BUSINESS _____	OTHER _____	
SCHOOL _____		SCHOOL _____		

POSITION DESIRED				
POSITION OR TYPE OF WORK DESIRED:				
SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY (E.G., SUMMER INTERNSHIP): FROM (DATE) _____ TO (DATE) _____ <input type="checkbox"/> PART TIME				
ARE YOU AVAILABLE TO WORK	WEEKENDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO BEGIN WORK
	DAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	EVENINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	NIGHTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION					
HIGH SCHOOL (NAME AND CITY/STATE)		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GRADES ATTENDED IF YOU DID NOT GRADUATE? <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR OTHER SCHOOLS	LOCATION (CITY/STATE)	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERT.	COURSE OF STUDY

SPECIAL SKILLS
PROGRAMMING LANGUAGES: _____
SOFTWARE USED REGULARLY: _____
FOREIGN LANGUAGES: _____
OTHER: _____

PLEASE LIST YOUR COMPLETE JOB HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT AND NOTING ANY PERIODS DURING WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION." PLEASE INCLUDE MILITARY SERVICE AND INTERNSHIPS. PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY. CLEARLY INDICATE NUMBER OF YEARS AS A POSTDOCTORAL FELLOW, IF APPLICABLE, AND INCLUDE ALL RELATED EXPERIENCE, PAID OR UNPAID.

EMPLOYMENT HISTORY

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____	NAME _____
TO (MONTH/YEAR)	ADDRESS _____	TITLE _____
	_____	PHONE # _____
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TELEPHONE _____	
POSITION TITLE: _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____		
REASON FOR LEAVING: _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____	NAME _____
TO (MONTH/YEAR)	ADDRESS _____	TITLE _____
	_____	PHONE # _____
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TELEPHONE _____	
POSITION TITLE: _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____		
REASON FOR LEAVING: _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____	NAME _____
TO (MONTH/YEAR)	ADDRESS _____	TITLE _____
	_____	PHONE # _____
LAST SALARY	ZIP _____	
	TELEPHONE _____	
POSITION TITLE: _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____		
REASON FOR LEAVING: _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____	NAME _____
TO (MONTH/YEAR)	ADDRESS _____	TITLE _____
	_____	PHONE # _____
LAST SALARY	ZIP _____	
	TELEPHONE _____	
POSITION TITLE: _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____		
REASON FOR LEAVING: _____		

PROFESSIONAL REFERENCES

PLEASE IDENTIFY THREE PROFESSIONAL REFERENCES WHO HAVE OBSERVED YOUR WORK OR RELEVANT SCHOOL PERFORMANCE FOR A PERIOD OF AT LEAST SIX MONTHS.

NAME _____ ADDRESS _____
 TITLE _____
 COMPANY/SCHOOL _____
 PHONE _____
 LENGTH OF TIME KNOWN _____ HOW DO YOU KNOW THIS PERSON? _____

NAME _____ ADDRESS _____
 TITLE _____
 COMPANY/SCHOOL _____
 PHONE _____
 LENGTH OF TIME KNOWN _____ HOW DO YOU KNOW THIS PERSON? _____

NAME _____ ADDRESS _____
 TITLE _____
 COMPANY/SCHOOL _____
 PHONE _____
 LENGTH OF TIME KNOWN _____ HOW DO YOU KNOW THIS PERSON? _____

ADDITIONAL INFORMATION

PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE: e.g., MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, OR AN EXPLANATION OF ANY GAPS IN EMPLOYMENT. EXCLUDE ANY INFORMATION WHICH WOULD DENOTE RACE, SEX, AGE, NATIONAL ORIGIN, RELIGIOUS AFFILIATION, SEXUAL ORIENTATION, DISABILITY, OR OTHER PROTECTED STATUS.

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO
 ARE YOU CURRENTLY ON LAY-OFF AND SUBJECT TO RECALL? YES NO
 DO YOU HAVE ANY AGREEMENT WITH ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR ABILITY TO WORK FOR THE STOWERS INSTITUTE? YES NO IF YES, PLEASE EXPLAIN. _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE STOWERS INSTITUTE?
 JOB TITLE? _____
 DATES EMPLOYED FROM _____ TO _____

LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY THE STOWERS INSTITUTE:

NAME	RELATIONSHIP	DEPT.

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO If yes, give details: _____

(Answering "yes" will not necessarily disqualify you from consideration.)

HAVE YOU EVER HAD YOUR EMPLOYMENT INVOLUNTARILY TERMINATED? YES NO

If yes, please explain: _____

HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY JOB? YES NO

If yes, please explain: _____

HAVE YOU EVER RESIGNED FROM ANY JOB WHEN CONFRONTED WITH ALLEGATIONS OF MISCONDUCT, A VIOLATION OF COMPANY POLICIES, OR UNSATISFACTORY JOB PERFORMANCE? YES NO

If yes, please explain: _____