



2701 SW Randolph Ave
Topeka KS 66611
(785) 232-0597
(785) 232-3770 Fax
www.tarcinc.org

Dear Applicant:

Thank you for your interest in a position at TARC. Attached you will find:

- On the back of this cover sheet is an *Applicant Demographics Information* form which requests information that TARC must regularly report to the federal government. Please note that you are not obligated to complete this form, and that any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. In addition, this optional data sheet will be separated from your application prior to forwarding your application and your resume (if attached) so that it will not be available to those making interviewing and/or hiring decisions.
- *Application for Employment* - please complete all four pages, sign and date.
- *A Reference Release Letter* - please sign this letter to allow us to contact your listed references.
- Background screening release forms – these releases will also be separated from the application prior to forwarding to those making interviewing and/or hiring decisions. If you are offered a position with TARC, Human Resources will process the background screenings at that time to comply with TARC hiring eligibility verification requirements.
 - Kansas Bureau of Investigation (KBI) *Authorization for Release of Information*
 - Kansas Dept of Social and Rehabilitation Services (SRS) Adult Protective Services (APS) *Adult Abuse Central Registry*
 - Kansas Dept of Social and Rehabilitation Services (SRS) Child Protective Services (CPS) *Child Abuse Central Registry*
- You may also request a job description for the position for which you are applying.

NOTICE!
TARC PAYS BY
DIRECT DEPOSIT

TARC MISSION STATEMENT

*Enhancing the lives of people with developmental and related disabilities and their families,
with service, support, advocacy and community involvement.*



APPLICANT DEMOGRAPHICS INFORMATION

TARC, Inc. is an equal opportunity employer. As a government contractor, we are required to provide reports periodically on the sex, race, ethnicity, disabilities and veteran status of applicants, so we request that you supply the following information.

- You do not have to complete this form to be considered for employment. However, it will assist us in complying with federal regulations.
- Any information volunteered will be kept confidential and will not be used in making hiring decisions. **This sheet will be separated from your application** so that it is not available to those making interviewing and/or hiring decisions.

Personal Information *(Please Print)*

Today's Date	Position for Which You are Applying		
Last Name	First Name	Middle Initial	
Street	City	St	Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Race/Ethnic Data *(Please check ONE box only. Do not insert additional groups)*

<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, North Africa or the Middle East, who are not of Hispanic origin.
<input type="checkbox"/> Black or African American	A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Hispanic or Latino (All Races)	A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/> American Indian/ Alaska Native	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Veteran/Disabled Person Status *(Please indicate "Yes" or "No" for each. Do not insert additional groups.)*

Special Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Any veteran entitled to disability compensation (or who but for the recipient of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (I) rated at 30 percent or more, or (II) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or who was discharged or released from active duty because of service-connected disability.
Vietnam-Era Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Any person who has served on active duty in the military for a continuous period of more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all other cases, and was discharged or released therefrom with other than a dishonorable discharge; or was discharged or released from active duty for a service-connected disability.
Other Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
Disabled Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Any person who has a physical or mental impairment that substantially limits one or more of such person's major life activities and that affects employability, has a record of having such an impairment or is regarded as having such an impairment.



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APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ City _____ ST _____ ZIP _____

Phone (_____) _____ Social Security No. _____

Applying for position as _____ Full time () Part time ()

Date Available _____ Referred by (Agency or Person) _____

Referred by TARC Employee (Name) _____ Employee Referral Policy 03-005

Driver's License Number _____ Issuing State _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No For no, check if: <input type="checkbox"/> GED Obtained
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				

TARC, Inc IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

EMPLOYMENT EXPERIENCE:1. May we contact: Yes No

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate or Salary		
Phone No.(s)	Starting	Final	
Position Title			Supervisor

2. May we contact: Yes No

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate or Salary		
Phone No.(s)	Starting	Final	
Position Title			Supervisor

3. May we contact: Yes No

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate or Salary		
Phone No.(s)	Starting	Final	
Position Title			Supervisor

4. May we contact: Yes No

Employer	Dates Employed From To		Work Performed
Address			
	Hourly Rate or Salary		
Phone No.(s)	Starting	Final	
Position Title			Supervisor

REFERENCES:

Please list three character references (not relatives), also their relationship to you: supervisor, teacher, coworker, friend, etc.

Name	Address & Phone Number	Years Known	Relationship

PROFESSIONAL ACCOMPLISHMENTS:

If experienced in any of the following area, please describe:

Child Development _____

Special Education _____

Social Work _____

Rehabilitation _____

Administration _____

Public Relations _____

Office Experience _____

If applicable, list skills, typing speed, machines operated, etc. _____

List volunteer or work experience with children or adults with mental retardation or other developmental disabilities.

Additional information you feel pertinent:

Are you legally eligible for employment in this country?
(Proof of U.S. citizenship or immigration status will be required upon employment.) Yes No

If you are under 18, can you furnish a work permit? Yes No N/A

Have you been convicted of a felony in the last (7) years?
(Such conviction may be relevant if job related, but does not bar you from employment.) Yes No

A job description for the position for which you are applying is attached. Do you meet the minimum qualifications? Yes No

Are you capable of performing the essential functions of the job? Yes No

APPLICANT STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

TARC, Inc IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



RE: APPLICANT REFERENCE RELEASE

Date: _____

Dear Reference:

TARC is considering my application for employment with their organization.

I have given them your name as a potential reference. Therefore, you have my express permission to release information to TARC relative to my employment.

Thank you for your assistance with my application.

Sincerely,

Applicant's Printed Name

Applicant's Signature



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AUTHORIZATION FOR RELEASE OF INFORMATION

RE: KANSAS BUREAU OF INVESTIGATION

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above named company with criminal history information as described in K.S.A. 1985 Supp. 22-4701(b). This includes all information defined with K.A.R. 10-1-1(b),(c), and (d).

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

(Please print clearly when completing this form.)

FULL NAME: _____
Last Name First Name Middle Name (Jr, Sr, III...)

ALIAS/MAIDEN NAME(s) (Please indicate "N/A" if not applicable):

_____ Last Name First Name Middle Name (Jr, Sr, III...)

_____ Last Name First Name Middle Name (Jr, Sr, III...)

_____ Last Name First Name Middle Name (Jr, Sr, III...)

_____ Last Name First Name Middle Name (Jr, Sr, III...)

_____ Last Name First Name Middle Name (Jr, Sr, III...)

_____ Last Name First Name Middle Name (Jr, Sr, III...)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: __ __ / __ __ / __ __ __ __ PLACE OF BIRTH: _____
(City, State or Foreign Country)

SEX: Male Female HEIGHT: _____ WEIGHT: _____

RACE: WHITE BLACK (NOT HISPANIC) HISPANIC ASIAN NATIVE HAWAIIAN/PACIFIC ISLANDER
 AMERICAN INDIAN/ALASKA NATIVE

CURRENT ADDRESS:

_____ Street _____ City _____ State _____ Zip

SIGNATURE: _____ DATE: _____



RE: Criminal Background Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that USAintel Inc, on behalf of TARC may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with USAintel Inc. consideration of me for employment, promotion or position re-assignment or contract now, or any time during my tenure with TARC, and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by USAintel to furnish the information described in Section I.

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

(Please print clearly when completing this form.)

FULL NAME: _____
Last Name First Name Middle Name (Jr, Sr, III...)

OTHER NAMES USED: _____

CURRENT ADDRESS SINCE: (Mo/Yr) (Street) (City) (State/Zip)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

DATE OF BIRTH: __ __ / __ __ / __ __ __ __

SOCIAL SECURITY NUMBER: __ __ __ - __ __ __ - __ __ __ __

DRIVER'S LICENSE NUMBER: __ __ __ - __ __ __ - __ __ __ __ DL State: _____

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

SIGNATURE: _____

DATE: _____

FAIR CREDIT REPORTING ACT NOTICE:
 In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statute of updates are available on request. Although every effort has been made to assure accuracy, USAintel.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility USAintel.com policy requires purchasers of these reports to have signed a Service Agreement. This assures USAintel.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the employee or the application process, have the Candidate/employee contact USAintel.com.

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT PROTECTIVE SERVICES**

RELEASE OF INFORMATION

PLEASE PRINT THE FOLLOWING INFORMATION - Use "NA" if not applicable

I, _____, give permission for the release of any information

(PRINT ONLY)

concerning myself in the Social and Rehabilitation Services Adult Abuse, Neglect and Exploitation Central Registry to:

Contact Person(s) Katherine Jones

Your agency's name: TARC, Inc. Phone 785-232-0597 ext 413

Agency/Individual address: 2701 SW Randolph Ave, Topeka KS 66611

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

Maiden Name and/or Other Names known by: _____

(PRINT ONLY)

Any Other Married Name(s): _____

(PRINT ONLY)

DOB: _____ SS#: _____
(mm/dd/yyyy)

Nationality: _____ Sex: _____

Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

For the Adult Abuse, Neglect and Exploitation Central Registry use only:

Information contained in the APS Central Registry:

No Record () _____ Yes () _____

Perpetrator's Name: _____

County Reporting: _____

Date Report Received: _____

Case Finding: _____

Initial: _____ Date: _____

PLEASE COMPLETE ALL HIGHLIGHTED AREAS OF THIS RELEASE

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, KS 66601

**Child Abuse and Neglect Central Registry
Release of Information**

I, [REDACTED], give permission for the release of any information concerning
(please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: - Katherine Jones
Agency Name: - TARC, Inc.
Mailing address: - 2701 SW Randolph Ave
- Topeka KS 66611
Phone Number - 785 232-0597, ext. 413

I understand that all information released will be for the exclusive and confidential use of the above
named organization/person/agency.

★★ Please complete the information below by printing in ink. ★★
Please print legibly. Do not leave any space blank. All requested information is required to
process this request. Incomplete information will result in the release not being processed
and will be returned as insufficient.

First, Middle and Last Name: [REDACTED]

Maiden Name: (Female applicant only) [REDACTED]

Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used.) [REDACTED]

Date of Birth: [REDACTED] Race: [REDACTED]

Social Security # [REDACTED] Gender: Male Female

Signature: [REDACTED] Date: [REDACTED]

Current Address: [REDACTED]

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA, KNI, Dept. Of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only