

Participant Employee Application

Dear Applicant:

Thank you for your interest in a position working with an individual through the TARC Self-determination program:

- Application for Employment - please complete all pages, sign and date.
- A Reference Release Letter - please sign this letter to allow your employer to contact your listed references.
- Background screening release forms –if you are offered a position with an individual in Self-determination services, they will process the following background screenings prior to hire:
 - Kansas Bureau of Investigation (KBI)
 - Kansas Dept of Social and Rehabilitation Services (SRS) Adult Abuse Central Registry
 - Kansas Dept of Social and Rehabilitation Services (SRS) Child Abuse Central Registry
 - Kansas Dept of Health and Environment
 - Motor Vehicle Record
 - Criminal Background Release
- W4 Form **(The K4, W4 and I9 form can be obtained by clicking on the K4, W4 and I9 link which can be found on the TARC – Self-determination website)**
- Employment Eligibility Verification I9 Form- please include copies of documentation for identity and employment eligibility.
- K4 Form
- Employment Notice

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ City _____ ST _____ ZIP _____

Phone (_____) _____ Social Security No. _____

Applying for position working with _____

Date Available _____

Driver's License Number _____ Issuing State _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

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? _____ yes _____ no
(Proof of U.S. citizenship or immigration status will be required upon employment.)

If you are under 18, can you furnish a work permit? _____ yes _____ no

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

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

RE: APPLICANT REFERENCE RELEASE

Date: _____

Dear Reference:

_____ is considering my application for employment.

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

Thank you for your assistance with my application.

Sincerely,

Applicant's Printed Name

Applicant's Signature



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: _____

**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) Mitzie Tyree, Self-determination
Your agency's name: TARC, Inc. Phone (785) 232-0597 ext 315
Agency/Individual address 2701 SW Randolph Avenue Topeka Kansas 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: _____

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, _____, 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: Mitzie Tyree
Agency Name: TARC, Inc.
Mailing address: 2701 SW Randolph Ave
Topeka KS 66611
Phone Number (785) 232-0597, ext. 315

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: _____
Maiden Name: (Female applicant only) _____
Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used.) _____
Date of Birth: _____ Race: _____
Social Security # _____ Gender: Male Female
Signature: _____ Date: _____
Current Address: _____

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

FEE ATTACHED



AFFIDAVIT TO A FACT

RE: Health Occupations Credentialing
Kansas Department of Health and Environment (KDHE)
List of Individuals With Findings of Abuse, Neglect, or Exploitation

SRS/CSS Policy (revised effective date of September 1, 2003) requires Community Developmental Disability Organizations (CDDOs) and Community Service Providers (CSPs) to conduct appropriate background checks to ensure that no employee has a history of abuse, neglect and/or exploitation of children or vulnerable adults.

DATE: _____

In accordance with the above mentioned policy, I certify that:

- 1. my duties as TARC HR Administrative Assistant include processing background inquiries;
2. that on this date I have accessed the online KDHE List of Individuals With Findings of Abuse, Neglect, or Exploitation;
3. and that I verify a search of the listing did not include any record(s) for the following individual.

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...)

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

I certify that the above documented information is true and exact.

Self-determination Division Staff

Employment Notice

- The employment relationship between employer and employee is an “at will employment.”
- The employment relationship can be terminated by employer at will without circumstance.
- Employment may start before background checks are completed but continued employment must have background checks or termination must occur.
- Each new employee is a mandatory reporter regarding Abuse, Neglect and Exploitation (ANE) of a vulnerable person.

Name of Employer: _____
(Date)

Guardian/PA: _____
(Date)

Employee Signature: _____
(Date)



AUTHORIZATION FOR RELEASE OF INFORMATION

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. Statue 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.