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•Kansas Bureau of Investigation (KBI) Authorization for Release of Information

•Kansas Dept of Children & Family Services (DCF) Adult Protective Services (APS) Adult Abuse Central Registry

•Kansas Dept of Children & Family Services (DCF) Child Protective Services (CPS) Child Abuse Central Registry •Motor Vehicle Record Release

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TARC enhances the lives of people affected by intellectual, developmental and related disabilities through commitment to excellence in service, support and advocacy.



5DD@#75BH'89AC; F5D<#7G'#B:CFA5H#CB

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Protected Veteran GHJ i gÁ

ProtectedÁX^c∿¦a)Á Ÿ^∙ÁÁÁÁÞ[ርጅ ^ ʎᢏ^৫\ˈæ) Áwho may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteranऄ
	I do not wish to self-identify
DefinitionsÁ	 Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp p. 159). Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability. Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.



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Guardian, Conservator or Representative Payee

FÈ Do you serve as a guardian, conservator, or representative payee to any individual who receives TARC services?

ÁÄŸ^∙Á‱∰[

If you answered "Yes" to the question above, please list the individual for whom you serve:

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DRIVING POSITIONS ONLY

	: If you are applying for one of the following posit	tions this section is required!
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Direct Support Professional Employment Services Program Coordin Employment Associate-Prod/Community Employment Support Specialist-Prod/Co Facilities Manager Production Assistant for Contract Work/	y ommunity	Direct Support Professional DS/SS Program Coordinator Community Activities Progra Employment Lead Production Snack Shop Assistant Production Assistant for Prir	r am Coordinator on Assistant
Production Manager			
ÁÖ¦ãç^¦€ÁŠã&^}●^Á₽`{à^¦Á´´´``````		Á.Q•čậ*ÁÙœæ∿Á	ÁÁ
Æxpiration DateÁ		´Á	
Traffic Convictions and Forfeitures for the p	past three years (other than Parking Violations)	
ÁConviction 1 Location: Á		Á Conviction 1 Da	ite:
ÁConviction 1 Charge: Á			Á
ÁConviction 2 Location: Á		Á Conviction 2 Da	ite:
ÁConviction 2 Charge: Á			Á
ÁConviction 3 Location: Á		Á Conviction 3 Da	ite:
ÁConviction 3 Charge: Á			Á
Have you ever been denied a license, perr			
Has any license, permit or privilege ever b	een suspended o	r revoked?∰Á ÁŸ^•Á∰Á	Жр[
If you answered "Yes" to the question ab	ove, please expl	ain below:	
DRIVING EXPERIENCE			
	. Type of Equipm	nent	1. Dates Operated
1. Approximate Number of Miles			
2. Class of Equipment 2.	Type of Equipm	lent	2. Dates Operated
2. Approximate Number of Miles			
3. Class of Equipment 3	. Type of Equipm	nent	3. Dates Operated
3. Approximate Number of Miles			
Date of Last Accident	Date of Next I	Previous Accident	Date of Next Previous Accident-2
Type of Accident (Head-on, rear-end, etc.)	Type of Accid	ent (Head-on, rear-end, etc.)	Type of Accident (Head-on, rear-end, etc.)
Outcome of Accident	Outcome of A	aaidant	Outcome of Accident-2

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.

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I understand that by signing this application I am giving my permission to my references to release information relative to my employment.

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Ùã } æč ¦^ Áand Date

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