

Participant Employee Application

Dear applicant,

Thank you for your interest in a position working with an individual in the TARC Self-Determination program. Attached are the following:

Application for employment- Please be sure to complete all pages, sign and date.

Background screening release forms- if you are offered a position with an individual in Self-Determination services, background screenings will be processed prior to hire:

- State of Kansas Department for Children and Families (DCF) Adult Abuse Central Registry
- State of Kansas Department for Children and Families (DCF) Child Abuse Central Registry
- Kansas Nurse Aid Registry (KNAR)
- Motor Vehicle Record
- KBI or Criminal Background release
- Office of Inspector General (OIG)
- National Sex Offender Registry (NSOR)

Once background screenings have been completed, you will be contacted to schedule a time with Tonja Drake, Self-Determination Billing and Payroll Coordinator. You will complete payroll documents including: W4, K4, Direct Deposit, and I9. Please make sure to bring copies of your voided check and copies of documentation for identity and employment eligibility.

No employee will be allowed to work with a participant until background checks have been satisfactorily completed and all training requirements have been completed.

If you have any question regarding your application, please contact either Stephany Semple at (785) 506-8643 or Angie Dougan at (785) 506-8651.

Employment Notice

- The employment relationship between Employee and Employer is an “at will” employment.
- The employment relationship can be terminated by Employer at will without circumstance.
- Each new employee is a mandated reporter regarding Abuse, Neglect, Exploitation (ANE) of a vulnerable person.

Name of Employer: _____

Guardian/ PA Signature: _____

(Date)

Employee Signature: _____

(Date)

Application for Employment

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.: _____

Driver's License Number: _____ Issuing State: _____

Applying for position working with: _____

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 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: _____

References

Please list three character references (not relatives), and their relationship to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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

Other Experience

Professional Accomplishments: _____

If applicable, describe experience
in the following:

Child Development _____

Special Education _____

Social Work _____

Rehabilitation _____

Administration _____

Public Relations _____

Office Experience _____

Other Skills _____

Volunteer or work supporting
individuals with disabilities: _____

Applicant Statement

I certify that my answers 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 the Employee may resign at any time, and the Employer may discharge the 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: _____

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ **Phone** _____
Agency name _____
Agency mailing address _____
Email address: Will return via Encrypted email unless marked otherwise _____

Maiden Name and/or Other Names Known By: _____
(PRINT ONLY)

Address: _____
Street _____ **City** _____ **State** _____ **Zip Code** _____

DOB: _____ **SS#:** _____ Male Female
(mm/dd/yyyy) **(mark one)**

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 information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ **Date:** _____
(An Ink Signature or a Verified E-Signature is Required for Processing) **(mm/dd/yyyy)**

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry
500 SW Van Buren St
Topeka, Kansas 66603

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: _____ Agency/Org.: TARC, Inc
 Phone #: _____ Address: 2701 S W Randolph Ave
 Email: _____ City/State/Zip: Topeka KS 66611

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: 48-6086732
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
 This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ RACE: _____

SOCIAL SECURITY #: _____ GENDER: Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

DCF ONLY:

MATCH	
<p><i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i></p> <p><i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i></p> <p>(see attached document for more info.)</p>	

CLEARED



2701 SW Randolph Ave • Topeka KS 66611 • (785) 232-0597
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, Ill...)

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

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

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

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

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

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

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

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: _____