

# 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:
    - State of Kansas Dept for Children and Families (DCF) Adult Abuse Central Registry
    - State of Kansas Dept for Children and Families (DCF) 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
  - Direct Deposit Authorization
- **NO EMPLOYEE WILL BE ALLOWED TO WORK WITH A PARTICIPANT UNTIL CPR & First Aid IS COMPLETED AND SELF-DETERMINATION HAS A CERTIFICATE OF COMPLETION.**

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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:**

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

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Additional information you feel pertinent:

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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

**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) Dolores Cummings, Self-determination  
Your agency's name: TARC, Inc. Phone (785) 506-8651  
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: Dolores Cummings  
Agency Name: TARC, Inc.  
Mailing address: 2701 SW Randolph Ave  
Topeka KS 66611  
Phone Number ( 785 ) 506-8651

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)



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

**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.

## Authorization for ACH Direct Deposit

I hereby authorize TARC, Inc to initiate reoccurring credit entries on my account as indicated below:

Bank/Financial Institution Name: \_\_\_\_\_

Bank Routing Number or ABA: \_\_\_\_\_

Account Title (Name(s) on acct): \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Indicate One):       Checking       Savings

Start Date (MM/DD/YYYY):      \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_

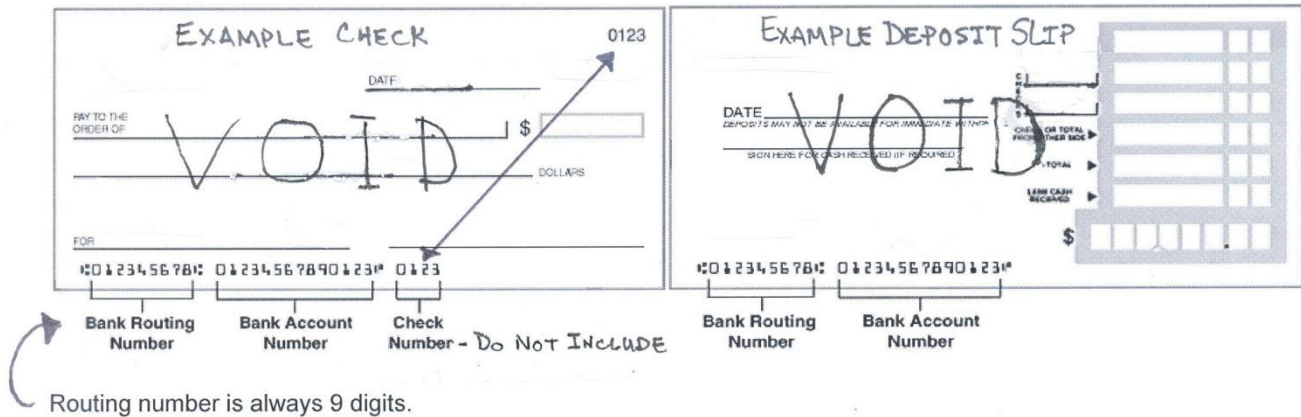
**This authorization will remain in full force and effect until written notification of termination of the service is received and reasonable time to act on the request is granted.**

\_\_\_\_\_  
Name of Authorized Signer

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email Address to Receive Checkstub Voucher



➤➤➤➤ PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT ◀◀◀◀