PO BOX 1011 | 625 VERMONT AVENUE HOLTON, KS 66436 | PHONE: (785) 364-3534 | FAX: (785) 364-4848

"TO PROVIDE SERVICES FOR ADULTS WITH INTELLECTUAL / DEVELOPMENTAL DISABILITIES THAT HONOR SELF-CHOICE WHILE CREATING COMMUNITY INCLUSION."

APPLICATION FOR EMPLOYMENT

Applicants will be considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status. Reasonable accommodations will be made for qualified individuals with disabilities, in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws. Developmental Services of Jackson County complies with applicable state and local laws prohibiting discrimination in employment.

RESUMES MAY NOT BE SUBSTITUTED FOR A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS SHALL NOT RECEIVE CONSIDERATION.

APPLICANTS SELECTED FOR AN INTERVIEW WILL BE INTERVIEWED BY A TEAM PROCESS.

(Please Print Clearly) **Date:** _____

Position(s) applied for: _____

Name: _____ **Social Security No.:** _____
Last **First** **Middle**

Address: _____ **Telephone Number**: _____
Street **City** **State** **Zip**

Driver's License Number: _____

Are you legally eligible for employment in the USA? YES ___ NO ___ (If yes, verification will be required.) A copy of your birth certificate, social security card or other forms of ID may be requested

Are you of legal age to work? _____

Were you previously employed by us? YES _____ NO _____ If yes, when? _____

On what date would you be available for work? _____

Are you on lay off and subject to recall? YES ___ NO ___

What type of work would you prefer? (Check all that apply) Full Time _____ Part-Time _____ Temporary ____

Will you travel if the job requires it? YES ___ NO ___

Are you willing to drive others in an agency owned van? YES ___ NO ___

Have you been convicted of a felony within the last 7 years? YES ___ NO ___ If yes, describe in full: _____

_____

Have you been given a written position description listing the job functions for which you applied? Yes___ No____

Please review the position description and answer the following question.

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Are you able, with or without reasonable accommodations, to perform each of the position functions listed?
YES ____ NO ____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. If you wish to be identified, please sign below.

Handicapped Individual_____ **Disabled Veteran**_____ **Vietnam Era Veteran**_____

Signed_____

What experiences, skills, or qualifications do you have that you feel may be helpful to us in considering your application? _____

_____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin) _____

_____

EDUCATION

High School	Years	Courses Studied	Year
College/University			
Other (please specify)			

REFERENCES

Give name, address and telephone number of three references **who are not** related to you and **are not** previous employers.

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Name and Occupation	Address	Phone Number

RECORD OF EMPLOYMENT

My current employer **MAY** _____ **MAY NOT** _____ be contacted. _____ **(Applicant Initials)**

(Start with your Current or Most Recent Job.)

1.

Name and Address of Company and Type of Business	From	To	Reason for leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.		
Telephone:				

2.

Name and Address of Company and Type of Business	From	To	Reason for leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.		
Telephone:				

3.

Name and Address of Company and Type of Business	From	To	Reason for leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.		
Telephone:				

4.

Name and Address of Company and Type of Business	From	To	Reason for leaving	Name of Supervisor

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	Mo. Yr.	Mo. Yr.		
Telephone:				

PRE-EMPLOYMENT STATEMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH WHERE INDICATED, AND SIGN WHERE INDICATED BELOW

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, may be justification for refusal of employment, or if employed, termination from employment.

_____
(Applicant's Initials)

2. Any offer of employment I may receive from Developmental Services of Jackson County is conditional upon successful completion of the company's total pre-employment screening process, including the company receiving references that it considers satisfactory, and the satisfactory completion of any other pre-employment checks/tests such as motor vehicle record check, screening for alcohol and/or drugs, Kansas SRS Child Abuse and Neglect Registry, KBI background check or other testing/checks deemed appropriate for the position for which I have applied.

_____
(Applicant's Initials)

3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for furnishing the requested information.

_____
(Applicant's Initials)

4. In consideration of my employment, I agree, if hired to comply with the policies, rules, regulations and procedures of Developmental Services of Jackson County and understand that my employment can be terminated with or without cause or notice at any time, at the option of either Developmental Services of Jackson County or

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myself.

_____
(Applicant's Initials)

SIGNATURE: _____ **DATE:** _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: **YES** ____ **NO** ____

Remarks: _____
_____
_____

Employed? **YES** ____ **NO** ____ **Job Title:** _____

Date of Employment: _____ **Hourly Rate/Salary:** _____ **Department:** _____

By: _____ **Date:** _____
Name & Title

APPLICANT DATA RECORD

****
****

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the applicant Data Record. We appreciate your cooperation.

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This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

DATE: _____

Position(s) Applied For: _____

Referral Source: _____**Advertisement** _____**Friend** _____**Relative** _____**Walk-In**
_____**Employment Agency**

Other_____

****
****

Name: _____ Phone: _____

Address: _____
Street City State Zip

****
****

AFFIRMATIVE ACTION SURVEY

Government Agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: _____ Male _____ Female

Check one of the following Racial/Ethnic Group:

_____White _____Black _____Hispanic _____Asian/Pacific Islander _____American Indian/Alaskan Native

Check if any of the following are applicable:

_____Vietnam Era Veteran _____Disabled Veteran _____Handicapped Individual