



APPLICATION FOR EMPLOYMENT

Please submit application to:
 Family Service & Guidance Center
 Human Resources, 325 SW Frazier, Topeka, KS 66606 or
 Email recruiter@fsgctopeka.com or fax to 785-232-0160

PERSONAL INFORMATION Complete all applicable information

Name (Full – Last, First, MI)			
Position (s) applied for:		Are you willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address:		City:	State: Zip:
Home Phone: () _____ Business Phone: () _____ Email: _____		Have you previously been employed by our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Have you ever applied for employment with our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
If you are under 18 years of age, can you provide the required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (List below last 3 employers starting with the most recent one first.)

Present or Last Position:		Company Name:	
Address:		From: (Mo./Yr.)	To: (Mo./Yr.)
Starting Annual or Hourly Salary:		Final Annual or Hourly Salary:	
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	Duties:		
Reason for Leaving:		Title & Department of Supervisor: Phone Number of Supervisor:	
Name of Supervisor:			

Next Previous Position:		Company Name:	
Address:		From: (Mo./Yr.)	To: (Mo./Yr.)
Starting Annual or Hourly Salary:		Final Annual or Hourly Salary:	
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	Duties:		
Reason for Leaving:		Title & Department of Supervisor: Phone Number of Supervisor:	
Name of Supervisor:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Next Previous Position:		Company Name:	
Address:		From: (Mo./Yr.)	To: (Mo./Yr.)
Starting Annual or Hourly Salary:		Final Annual or Hourly Salary:	
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N		Duties:	
Reason for Leaving:			
Name of Supervisor:		Title & Department of Supervisor:	Phone Number of Supervisor:

PROFESSIONAL REFERENCES (REQUIRED if not listed on ATTACHED RESUME)

1. _____
 (Name) (Relationship) (Phone number)
2. _____
 (Name) (Relationship) (Phone number)
3. _____
 (Name) (Relationship) (Phone number)

EDUCATION INFORMATION

High School or GED	City, State:	Date Received	
College	City, State:	Degree/Major	Date Received
College and/or Graduate School	City, State:	Degree/Major	Date Received

GENERAL

How did you learn about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website/Internet <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Radio Other _____
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it and have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony or misdemeanor within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Conviction will not necessarily disqualify an applicant from employment.</i>
Please list professional organizations, training/skills, special certifications and computer skills relevant to this job:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

<ul style="list-style-type: none"> • In consideration of my employment, I agree to conform to the policies and procedures of the agency. I understand that in accepting this application, the agency is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time. • I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated. • I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks, and documentation. I will, upon request, sign all necessary consent forms. 	
Date:	Signature:

****This next section is voluntary. The following pages: Reference check, KBI, and Child Abuse/Neglect releases are REQUIRED.**

EMPLOYMENT DATA RECORD

<ul style="list-style-type: none"> • Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. • As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. • The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and <u>are not</u> part of your Application for Employment or personnel file. <u>Please note:</u> YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)	Date _____
<p>Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.</p>	

Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check one of the following (Ethnic Origin): <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Other <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino
Check if any of the following are applicable: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
Other Languages: <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Sign Language <input type="checkbox"/> German <input type="checkbox"/> Hebrew <input type="checkbox"/> Russian <input type="checkbox"/> Other _____



REFERENCE CHECK AUTHORIZATION FOR RELEASE

To Whom It May Concern:

I, _____, hereby authorize Family Service and Guidance Center to communicate with any person, school, current employer, past employers and organizations that would provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability or responsibility for providing either an oral or written reference regardless of the content of the reference.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date Signed: _____

Applicant's Social Security Number: _____

Applicant's Comments:

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
915 SW Harrison 5th Fl. South
Topeka, Kansas 66612

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: Human Resources
Agency Name: Family Service & Guidance Center
Mailing address: 325 SW Frazier Avenue
Topeka, KS 66606
Phone Number 785-232-5005

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

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

**** 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 (Central Office or Facilities), 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. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://kansasmentors.kansas.gov/Pages/FindaProgram.aspx>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: If yes, please check

For Central Registry Use Only

____ FEE ATTACHED

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION, FIDUCIARY, ABUSE CENTRAL REGISTRY**

RELEASE OF INFORMATION

I, _____, give permission for the release of any information
(PRINT ONLY)
concerning myself in the Adult Abuse and Neglect Central Registry to:

Contact Person(s) Human Resources - Rhonda Brown

Your agency's name Family Service and Guidance Center of Topeka, Inc. Phone (785) 232-5005

Agency/Individual address 325 SW Frazier Avenue, Topeka, KS 66606 ATTN: Human Resource Department

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 CENTRAL REGISTRY USE ONLY:

Information contained in Central Registry:

No Record () Yes () Case Finding: _____

Perpetrator's Name: _____

County Reporting: _____ Date Report Received: _____

Initial: _____ Date: _____

RETURN TO: Adult Abuse Registry
915 SW Harrison
DSOB – Room 551 South
Topeka, Kansas 66612