Sunflower Diversified Services

P.O. Box 838, Great Bend, KS 67530
(620)792-1321

Application for Employment

We are an equal opportunity employer

Position(s) Applied For:			Date of Application
☐ **Full Time** ☐ **Part Time** ☐ **Mid Time**	Wage Desired		Proposed Start Date
Last Name	First Name		Middle Name
Address	City	State	Zip Code
Home Phone	Cell Phone		SSN - -

How Did You Learn About Us?
☐ **Newspaper** ☐ **Nex-tech** ☐ **Facebook** ☐ **Kansas Works** ☐ **Other** _____

Who referred you? ☐ **No One**
☐ **Relative** ☐ **Friend** ☐ **Current Employee**

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐**YES** ☐**NO**

Have you ever been employed with us before? ☐**YES** ☐**NO**

Have you ever been reported for abuse, neglect or exploitation? ☐**YES** ☐**NO**

Have you been convicted of, pled guilty to, or entered a plea of "no contest" to a felony within the last 7 years? If "YES" please explain: ☐**YES** ☐**NO**

_____

_____

Have you been convicted of, pled guilty to, or entered a plea of "no contest" to a DUI (Driving Under the Influence) or DWAI (Driving While Ability Impaired) charge <u>ever</u>? ☐**YES** ☐**NO**
If "YES" please explain:

_____

_____

Are you currently on "lay-off" status and subject to recall? ☐**YES** ☐**NO**

Education

Have you earned a High School Diploma or successfully completed and received a GED? ☐YES ☐NO

	Name City, State	Course of Study	Years Completed	Degree/Diploma Earned
High School				
Undergraduate College				
Graduate/ Professional				

Please list any specialized trainings, apprenticeships, skills, organizational memberships, and/or extra-curricular activities:

Military

Are you currently serving, or have you ever served, in the United States Military, Reserves, or National Guard? ☐YES ☐NO

Branch_____Rank_____Date of Discharge_____
Type of Discharge_____

References

Name	Phone Number	Type of Reference: Work or Personal

Employment History

Are you currently employed? ☐YES ☐NO
If "yes", may we contact your current employer? ☐YES ☐NO

(Please list the last three (3) employers you had starting with the most recent)

From: To:	Employer	Address	Salary
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes ☐ No ☐	Supervisor's Name		Phone Number

From: To:	Employer	Address	Salary
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes ☐ No ☐	Supervisor's Name		Phone Number

From: To:	Employer	Address	Salary
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes ☐ No ☐	Supervisor's Name		Phone Number

Additional Information

List any professional, trade, business, civic activities and offices held, and any memberships in professional organizations you would like us to be aware of:

List any professional licenses held (please include state, license number, and regulatory board)

Specialized Skills

Check proficiency level/operational skill level as indicated

	Advanced	Intermediate	Basic	No experience
Word	☐	☐	☐	☐
Excel	☐	☐	☐	☐
Access	☐	☐	☐	☐
PowerPoint	☐	☐	☐	☐
Calculator	☐	☐	☐	☐
Copier	☐	☐	☐	☐
Fax	☐	☐	☐	☐
Windows	☐	☐	☐	☐

List any other programs/production machinery/office equipment and applicable operational skill level:

NOTE: Certain positions may require skills testing in any of the above listed (but not limited to) skill areas.

Employees are treated during the hiring process without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information 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.

I certify that the information contained in this application is correct to the best of my knowledge.

I authorize investigation of all statements contained in this application.

I authorize any person or organization listed on this application to provide all information regarding my employment skills and qualifications for employment. I authorize Sunflower Diversified Services to request and receive such information.

I agree to abide by the rules and regulations of Sunflower Diversified Services, which rules may be changed, removed or interpreted at any time at the company's sole discretion and without prior notice to me.

I understand that any offer of employment may be withdrawn at any time, my employment may be terminated at any time, with or without prior notice.

This application will be considered active for 60 days.

_____ _____

Applicant's Signature **Date**

_____

Applicant's Printed Name

Sunflower Diversified Services
Great Bend, Kansas
Updated 12/5/12

SDS positions require working the following hours:

DAY SERVICE POSITIONS have hours available Monday – Friday from 6:00am to 5:00pm. Hours vary by specific assignment.

DRIVING POSITIONS have hours available that vary by assignment Monday – Saturday between the hours of 5:00am to 10:00pm.

RESIDENTIAL POSITIONS have hours available Monday – Friday from 3:30pm to 9:00am, Saturday and Sunday 24 hours a day. Must be available to work required shift and weekend hours on a rotating basis.
TYPICAL SHIFTS ARE -
Monday – Friday 3:30pm to 11pm, Night shifts 11pm-9am, Sleepovers 11pm-6am.
*** Weekend shifts vary by assignment. ***ALL SUBJECT TO CHANGE***!

Please circle the hours you are available to work:

12:00 MIDNIGHT	12:00 NOON
1:00 AM	1:00 PM
2:00 AM	2:00 PM
3:00 AM	3:00 PM
4:00 AM	4:00 PM
5:00 AM	5:00 PM
6:00 AM	6:00 PM
7:00 AM	7:00 PM
8:00 AM	8:00 PM
9:00 AM	9:00 PM
10:00 AM	10:00 PM
11:00 AM	11:00 PM
12:00 NOON	12:00 MIDNIGHT

Please circle the days you are available to work:

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

I understand consideration may be given to preferences expressed above; however, if I accept a position with SDS, I will work hours as schedule by management.

_____ _____

Applicant's Signature Date

Sunflower Diversified Services

Great Bend, Kansas

Authorization to Release and/or Receive Information

Name: _____

Motor Vehicle Report:

Driver's License #: _____ **Date of Birth:** _____

State Driver's License Issued: _____

Is this a CDL? _____Yes _____No

Kansas Department of Health and Environment

I hereby authorize: Sunflower Diversified Services, P.O. Box 838 Great Bend, KS 67530, to access the information as part of the application/employment process.

I understand that I may revoke this consent at any time. Unless revoked earlier the consent expires upon _____. (If left blank consent expires in 60 days from the date signed.)

_____

_____

_____

_____

Date:_____Signature:_____

Health Occupation Credentialing
612 S. Kansas Ave, Topeka, KS 66603-3404

Criminal Records Check Request Form

Facility Name:
Sunflower Diversified Services
P.O. Box 838
Great Bend, KS 67530

Facility ID:
G005002

Applicant information: ALL REQUESTED INFORMATION MUSY BE PROVIDED or the form will not be processed

Last Name | First Name | Middle Name | Suffix

Other Names Ever Used:

Last Name | Last Name | Last Name

Last Name | Last Name | Last Name

Social Security Number | Date of Birth | Sex | Race

Address | Post Office Box

City | State | County | Zip Code

Home Phone | Work Phone

Date Signature

STATE OF KANSAS
Department for Children and Families
Prevention and Protection Services

ADULT ABUSE, NEGLECT, EXPLOITATION
CENTRAL REGISTRY
RELEASE OF INFORMATION

PPS 10400
REV 1/18

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

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

Contact Person(s)* Jaimie Stevenson **Phone** (620) 792-1321

Agency name Sunflower Diversified Services

Agency mailing address PO Box 838, Great Bend, KS 67530

Agency email address jstevenson@sunflowerdiv.com

☐ **Check box if agency is a CDDO, CMHC, or ILRC**

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 the 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 and Neglect Central Registry each year while I am employed or associated with the above agency. _____ Yes _____ No

Signature: _____ **Date**: ___/___/___
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

DCF.APSRegistry@KS.GOV
or
Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

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

FOR PPS ADMINISTRATION USE ONLY:

Record Found? ☐ No ☐ Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

If yes, check all that apply ☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse

Perpetrator's Name: _____ Date Substantiated: _____

Initial: _____ Date: _____

Kansas Department for Children and Families
Strong Families Make a Strong Kansas

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: Jaimie Stevenson — Agency/Org.: Sunflower Diversified Services

Phone #: (620) 792-1321 — Address: PO Box 838

Email: jstevenson@sunflowerdiv.com — City/State/Zip: Great Bend, KS 67530

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

Payment/Account Information (check box which applies)

☐ *Fee included*	$10 per request. Check, Money Order (payable to DCF) or cash. ***Postal mail only.***	
☐ *Online Payment**	www.dcf.ks.gov – 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with ROI form(s).	
☐ *Pre-Pay Account**	Agency/Org. has Pre-Pay Account.	FEIN:
☐ *Mentoring Account**	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
☐ *Exempt**	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		CLEARED
This applicant is listed in the Child Abuse/Neglect Central Registry. *Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.* (see attached document for more info.)		