

Sunflower Adult Day Services, Inc – Application for Employment

This application is intended to obtain the information Sunflower Adult Day Services needs to determine whether you meet the requirements for the position for which you are applying. Sunflower Adult Day Services is an equal opportunity employer that recruits, hires, trains and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, marital status, sex, religion, age, military service, disability or handicap.

Position you are applying for: _____ Date: _____

Name: _____ Date of Birth: _____

Address, City, State: _____ Place of Birth: _____

Telephone #: _____ Social Security #: _____

List any relatives or friends currently employed by Sunflower Adult Day Services: _____

If hired, can you provide proof that you are legally entitled to work in the United States? ____ Yes ____ No

Education History

From	To	Name of School (High School, College, Other)	Diploma or Degree

Employment History

Please list all previous employers (most recent first)

Employer: _____	From: _____	To: _____
Address: _____		
Phone: _____	Supervisor: _____	
Position/Work Performed: _____	Salary: _____	
Reason for leaving: _____		

Employer: _____	From: _____	To: _____
Address: _____		
Phone: _____	Supervisor: _____	
Position/Work Performed: _____	Salary: _____	
Reason for leaving: _____		

(over, please)

Employer: _____	From: _____	To: _____
Address: _____		
Phone: _____	Supervisor: _____	
Position/Work Performed: _____		Salary: _____
Reason for leaving: _____		

Employer: _____	From: _____	To: _____
Address: _____		
Phone: _____	Supervisor: _____	
Position/Work Performed: _____		Salary: _____
Reason for leaving: _____		

Do you have a current Drivers' License, if the job requires it? Yes ____ No ____

State: _____ License #: _____

Have you ever been convicted of a criminal act (other than misdemeanor traffic offenses)?

Yes ____ No ____ If yes, please explain: _____

Please add any comments you wish to make regarding your application for this position (if you have a current resume, you may attach it to this application): _____

This application does not constitute a written employment agreement.

The facts set forth above in my application for employment are true and complete. I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assignment to me during a probation period of six (6) months and upon the continued successful performance and the further need of my continued employment by Sunflower Adult Day Services.

In considering my application for employment, Sunflower Adult Day Services, Inc may verify the information set forth in this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background. I further understand that I may be required to undergo a post-job offer drug screen and physical exam for certain positions.

Date: _____ Signature of Applicant: _____

REFERENCES

Please list below three people who can provide information about your character and work ethics. These references **should NOT be relatives** and preferably should be former employers, teachers, co-workers, etc. and not just personal friends. By completing this form you are giving us permission to contact the listed individuals for information.

1. Name: _____

Address/City/State: _____

Phone #(s): _____

Capacity in which you have known this person: _____

2. Name: _____

Address/City/State: _____

Phone #(s): _____

Capacity in which you have known this person: _____

3. Name: _____

Address/City/State: _____

Phone #(s): _____

Capacity in which you have known this person: _____

Your Signature

Date

(over please)

SUNFLOWER ADULT DAY SERVICES INC.

CONSENT FOR CRIMINAL ARREST CHECK, WAIVER, AND RELEASE

CONSENT FOR CHECK OF STATE NURSE AIDE REGISTRY (if applicable)

CONSENT FOR CHECK OF STATE NON-LICENSED/NON-CERTIFIED PERSONEL

CONSENT FOR CHECK OF DCF ADULT ABUSE CENTRAL REGISTRY

CONSENT FOR CHECK OF DCF CHILD ABUSE CENTRAL REGISTRY

CONSENT FOR CHECK OF DRIVERS LICENSE RECORDS

CONSENT FOR CHECK OF OFFICE OF INSPECTOR GENERAL (OIG)

CONSENT FOR MAINTAINING CURRENT LICENSEURE/CREDENTIALS

Criminal Arrest Check

The undersigned hereby acknowledges and consents that as a part of his/her application as an Employee of Sunflower Adult Day Services Inc (SADS), a request will be submitted to KDHE/KBI requesting a criminal arrest check. If the criminal arrest check reveals that the undersigned has been convicted of any of the following offenses, he/she shall not be hired:

- A. Assault, battery, or assault and battery with a dangerous weapon;
- B. Aggravated assault and battery;
- C. Murder or attempted murder;
- D. Manslaughter, except involuntary manslaughter;
- E. Rape, incest or sodomy;
- F. Indecent exposure and indecent exhibition;
- G. Pandering;
- H. Child abuse;
- I. Abuse, neglect or financial exploitation of any person entrusted to his/her care or possession;
- J. Burglary in the first or second degree;
- K. Robbery in the first or second degree;
- L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm; or
- M. Arson in the first or second degree.

The undersigned further understands that if he/she has been convicted of a felony involving the possession or distribution of a Schedule 1 through V drug pursuant to the Uniform Controlled Dangerous Substances Act, he/she will not be hired unless he/she produces evidence he/she has successfully completed a Drug Rehabilitation Program.

State Board of Nursing License Online Verification

The undersigned consents to a check with the State Board of Nursing for online verification of the currency of the Nursing License for any RN or LPN applicant and/or current employee.

State Nurse Aide Registry

The undersigned consents to the contact of the State Nurse Registry by SADS for a check of any complaints lodged regarding the potential and/or current employee's CNA/CMA certification.

State Registry for Non-licensed/Non-certified personnel

The undersigned consents to the contact of the State Registry for non-licensed/non-certified personnel for a check of any complaints regarding the potential and/or current employee.

DCF Adult Abuse Central Registry

The undersigned consents to the contact of the DCF Adult Abuse Central Registry to determine if any complaints have been registered against the potential and/or current employee.

DCF Child Abuse Central Registry

The undersigned consents to the contact of the DCF Child Abuse Central Registry to determine if any complaints have been registered against the potential and/or current employee.

Driver License Records

The undersigned consents to the contact of state driver's license records to determine if any restrictions have been registered against the potential and/or current employee.

Office of Inspector General

The undersigned consents to the contact of the Office of Inspector General (OIG) to determine if any complaints have been registered against the potential and/or current employee.

Proof of Licensure or Certification

The undersigned also agrees to provide Sunflower Adult Day Services Inc (SADS) with a copy of their State Board of Nursing License (in the case of an LPN or RN), or a copy of their certificate in the case of CNA, CMA's. This will be kept in the employee's file. They will also be required to provide SADS with copies of licensure/credentialing renewals when they are due for renewal. Failure to maintain currency of license/credentials will be grounds for termination of employment.

The undersigned expressly consents to the conduct of the criminal arrest check described above annually, the State Nurse Aide Registry check (if applicable), check of State for non-licensed/non-certified staff, DCF Adult Abuse Central Registry check, DCF Child Abuse Central Registry, Driver License Records, Office of Inspector General (OIG) by SADS and releases and holds harmless SADS from any claim arising from termination of employment or a decision not to hire based upon the results of these checks or requirements.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files.

Name: _____
Last First Middle Maiden

Other Last Names used: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____

Complete Current Address: _____

Applicant Signature

Date

Witness Signature

HEALTH OCCUPATIONS CREDENTIALING
612 SOUTH KANSAS AVE, TOPEKA, KS 66603-3404
CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME: Sunflower Adult Day Services

FACILITY I D # B085007

ADDRESS: 401 West Iron

CITY: Salina

STATE : KS

ZIP CODE: 67401

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name:

First Name:

Middle Name

Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: **

** List additional names on back. Check here if more on back. ☐

One of the following **must** be selected

Social Security Number

Date of Birth

Sex

Race

A - Asian or Pacific Islander

B - Black

I - Native American/Alaskan Native

W - White

Address

Post Office Box # (if applicable)

City

State

County

Zip Code

Home Phone

Work Phone

Certificate # (if applicable)

Job Classification: Determine the correct job classification for the applicant and
Insert the three letter abbreviation in the box.

Activities Staff	ACS	Food Service Worker	FSW	Medical Records Staff	MRS
Administrator	ADM	Home Health Aide	HHA	Operator	OPR
Business and Administrative	BAS	Home Health Aide Trainee	HHT	Paid Driver	DRV
Certified Medication Aide	CMA	Housekeeping	HSK	Paid Nutrition Assistant	PNA5
Certified Nurse Aide	CNA	Human Resources Staff	HRS	Personnel Staff	PER
Nurse Aide Trainee	NAT	Laundry Workers	LDW	Restorative Ade	RSA
Chaplain	CHN	Maintenance Worker	MTW	Social Service Designee	SSD
Clerical Staff	CLS	Marketing Staff	MKT	Volunteer Coordinator	VLC
				Wellness Staff	WEL



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

OBI 1011
9/2018
Page 1 OF 1

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: Lindsay Huenefeld Agency/Org.: Sunflower Adult Day Services, Inc.
Phone #: 785-823-6666 Address: 401 W. Iron
Email: director@sunfloweradulthood.org City/State/Zip: Salina, KS 67401

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

Payment/Account Information (check box which applies)

<input type="checkbox"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> Online Payment*	www.dcf.ks.gov – 'Online DCF Payments' icon at bottom of page. Submit receipt with ROI form(s).	
<input type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account.	FEIN:
<input type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> 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

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.)

CLEARED

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

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

Contact Person(s)* Lindsay Huenefeld Phone 785-823-6666
Agency name Sunflower Adult Day Services, Inc.
Agency mailing address 401 W. Iron, Salina, KS 67401
Agency email address director@sunfloweradulday.org

☐ 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: _____