



**For Internal Use Only**

Interactive Date: \_\_\_\_\_  
Interactive Interviewer: \_\_\_\_\_  
2<sup>nd</sup> Interview Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Shift: \_\_\_\_\_  
Date Returned to HR: \_\_\_\_\_

**Wichita Children's Home  
Application for Employment**

**Please read before filling out this application.**

The Wichita Children's Home does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, ancestry, marital status, disability or veteran's status. Qualified disabled individuals will be given reasonable accommodations for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the Home's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will be considered active for sixty days from completion date.

In processing this employment application, the Home may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, criminal record, and personal characteristics as provided by the Fair Credit Reporting Act of 1970 and as amended in 1996. You have the right to request that the company completely and accurately discloses to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department of the Home within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer-reporting agency supplying the report. You should contact such agency for any further information you desire. .

I authorize and direct Wichita Children's Home to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person of consumer reporting agency to participate in and make such inquiries at the request of the Home, and to compile and furnish any information it may have or obtain in response to such inquiries.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Personal Information - Please print**

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone #'s (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Work

Position Applied For \_\_\_\_\_ Full Time  Part Time  Temporary   
First shift  Second shift  Third shift  Weekends

If part time, days and hours/week \_\_\_\_\_

Date available for employment \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

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You must be at least 18 years of age, if you are seeking employment as a direct care staff, for the teen departments you must be 21 years of age.

Are you seeking employment in Teen Departments? Yes  No

Have you ever been employed at Wichita Children's Home before? Yes  No

When and under what name? \_\_\_\_\_

Do you have relatives employed at Wichita Children's Home? Yes  No

If yes, give name and relationship \_\_\_\_\_

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The Wichita Children's Home does have a written attendance policy that is strictly administered. Absences considered to be in excess of policy will be reviewed for compliance. Is there any reason you would have difficulty complying with the company's attendance policy?

Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

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For reference checking purposes, please list other names under which you have worked or attended school?

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## Education

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Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

Name of School	Location	Dates Attended	Degree/GED	Major
High School				
College				
Business or other				

Are you currently attending school? Yes  No  For what type of degree?

Professional License/Certifications \_\_\_\_\_

## Special Skills

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Please indicate by marking the appropriate boxes which office skills you maintain:

Typewriter/WPM \_\_\_\_\_  PC \_\_\_\_\_

(Windows/McIntosh)

10 key adding machine Sight  Touch   Shorthand/WPM \_\_\_\_\_

Software \_\_\_\_\_

Types

Other Office Skills \_\_\_\_\_

Please list any special skills or training which pertains to the position you are applying (i.e. sign language, foreign languages, special courses, work training programs, armed forces training, etc.) \_\_\_\_\_

\_\_\_\_\_

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## Work Experience

Please list employment record over the last 10 years starting with your most recent employer.

Employer	Dates (Mo./Yr)		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
	Start	Final	
Supervisor & Phone Number			
Reason for Leaving			
Employer	Dates(Mo./Yr)		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
	Start	Final	
Supervisor & Phone Number			
Reason for Leaving			
Employer	Dates(Mo./Yr)		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
	Start	Final	
Supervisor & Phone Number			
Reason for Leaving			

May we contact your present employer for references? Yes  No

Apart from absence for religious observances and, only if required for the job for which you are applying:

Are you willing to work overtime? Yes  No

Are you willing to work on weekends? Yes  No

Are you willing to attend night/weekend staff meetings? Yes  No

If presently employed, why do you desire to change your position? \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Are you able to perform all essential functions of the job for which you are applying, with or without reasonable accommodations? Yes  No

**Unemployment Record**

From		To		Please explain why you were unemployed.
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

**References**

**Professional References:** List four professional acquaintances from current or previous employment

Name	Title/Occupation	Company/Address	Daytime Phone	Yrs Known

**Personal References:** List four personal references **not including family**

Name	Title/Occupation	Company/Address	Daytime Phone	Yrs Known

Have you ever been convicted of any criminal offense as an adolescent or adult other than a minor traffic violation? Yes  No  A conviction will not necessarily prohibit you from employment.

(Note: If given a conditional offer of employment, your name will be given to the Kansas Bureau of Investigation and the Department of Health and Environment to be screened for a record of criminal offense and for any validated incidents of child abuse/neglect which may disqualify you for considerations (KSA 65-526)) as amended or other applicable statutes.

**Driver's Record Policy:** Most positions (teachers, paraprofessionals, residential treatment providers) require the transporting of residents. Staff members who have the responsibility of transporting residents must maintain and have a safe driving record. The following serious offenses will disqualify an applicant for consideration of employment in the direct care positions named above: 1.) Driving under the influence (DUI), hit and run, negligent homicide, failure to report an accident, operating a vehicle with a suspended license, use of a vehicle while committing a felony, car theft, permitting an unlicensed person to drive, or drag/racing speed contest. 2) Three or more moving violations or preventable accidents in a three year period. Driving records are checked upon employment, and monthly by random checks.

Do you have a valid Kansas Drivers License? Yes  No

Do you currently have any of the above named offenses on your driving record?

Yes  No

**Drug Test:** The Wichita Children's Home is a drug free workplace. Any job offer will be conditional upon the applicant passing a drug test that tests for marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). We also do monthly random drug screens.

**Equal Employment Opportunity Employer:** It is the policy of the Wichita Children's Home that all decisions regarding recruitment, hiring, promotion, and other terms and conditions of employment will be made without discrimination on the grounds of race, color religion sex, national origin, age, disability, veteran's status, or other factors which cannot be lawfully used as the basis for employment.

I am aware that the Immigration Reform and Control Act of 1986 provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the Secretary of Labor to work in this country.

I hereby affirm the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions in my application or in the interview may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. In consideration of my employment, I agree to conform to the policies and rules of the Wichita Children's Home and further agree and understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand no employee, officer, or director of the Wichita Children's Home has any authority to offer or extend a contract, express or implied, or promise of continuing employment now or at any future date.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wichita Children's Home  
Drug and Alcohol Testing Consent Form**

Drug and alcohol use and abuse are widespread throughout our society. Substance abuse by workers can impair their health and job performance, and create a hazard to themselves, fellow employees, residents and/or the public. Therefore, the Wichita Children's Home, hereafter referred to as WCH, has adopted the following drug and alcohol testing policy:

1. The possession, use or sale of alcohol, unauthorized or illegal drugs or misuse of legal drugs on WCH time or on WCH property is prohibited and is grounds for immediate termination.
2. Employees should immediately report to management the legitimate use of prescription drugs which might impair performance.
3. All job applicants who receive a conditional offer of employment must take a drug screening test.
4. The WCH reserves the right to conduct random drug and alcohol tests on any or all employees at any time.
5. Employees may be subject to blood, urine and/or Breathalyzer tests for drugs and/or alcohol if they demonstrate impaired job performance; or if they are involved in a work accident or near accident, breach of security, or unsafe job practice; or demonstrate excessive absenteeism.
6. If a verified positive test result is received indicating the presence of drugs or alcohol in the body, or an employee or applicant refuses to provide a sample upon request, the WCH will refuse to hire the prospective employee; and the current employee will be terminated. Refusal to consent to a requested drug or alcohol test will result in immediate termination.
7. The WCH reserves the right to search anywhere on its property for illegal drugs, including vehicles, desks, lunch boxes, purses, briefcases, or any place illegal drugs might be found. Refusal to consent to search of an employee's property will be considered insubordination, resulting in termination.

**I certify that I have read the above drug and alcohol testing policy. I agree and consent to taking a drug and alcohol-screening test upon request of the WCH, as a condition of employment. I understand that testing and random selection will be coordinated through PRISM, and authorize the release of test results to the WCH. I understand that refusal to take the test is a voluntary withdrawal of my application for employment; or will be considered insubordination and grounds for termination of a current employee. A confirmed, positive test will result in immediate termination.**

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

**Disclosure to Employment Applicant  
Regarding Procurement of a Consumer Report**

In connection with your application for employment, we will procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that the information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report.

We may also obtain an investigative report including information as to your character, general reputation, personal characteristics, driving record, court record, education, credentials, credit and reference. The information may be obtained by contacting your previous employers or references supplied by you.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date in which we receive the request from you.

Please find a copy of a summary of your rights under the Fair Credit Reporting Act attached to this document. This copy of your rights is provided to you to keep for your records.

The two main consumer reporting agencies that we currently use are NBIC and Kansas Access.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant's Name \_\_\_\_\_  
(Please print)

Applicant's Address \_\_\_\_\_

Applicant's City/State/Zip \_\_\_\_\_

Applicant's Social Sec # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives your specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief summary to your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you written notice telling you it has inserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old: ten years for bankruptcies.
- Access to your file is limited. A CRA must provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give our information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA <b>For Questions or</b>	
<b>Concerns Regarding:</b>	<b>Please Contact:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after the bank’s name)	Office of the Comptroller of the Currency Compliance Management, MS 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20205 202-720-7051

## Release Authorization

In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my worker's compensation injuries, driving record, court record, education, credentials, credit and reference.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment and in the case of accident on the job.

Medical and workers' compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by this prospective employer. If so, I will be notified and given the name and address of the agency.

I hereby authorize any law enforcement agency, institution, information service bureau, school, employer, and reference or insurance company contacted by Wichita Children's Home to furnish information listed above.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State of \_\_\_\_\_

Name as it appears on license \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Security #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*My signature acknowledges that I have been given a copy of this release.*

NOTICE: This information may be verified by CLEARS Inc.. CLEARS Inc. is a Consumer Reporting Agency within the meaning of the Fair Credit Reporting Act. If an "adverse action" is taken regarding you, such as denial of employment, retention, or promotion, based on any reports from CLEARS Inc., you are entitled to a FREE copy of the report, and have other rights. Any information or questions should be directed to the following address: CLEARS Inc., P.O. Box 781526, Wichita, KS 67278-1526; (316) 683-6861, or, if you reside outside the 316 area code, Toll-Free (877) 683-6281. [Revised 02 2013]