



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 disclose 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

Name _____ Date _____
Last First Middle

Present Address _____
Street City State Zip

Telephone # (____) _____ Social Security # _____

Email: _____

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? _____

You must be at least 21 years of age, if you are seeking employment as a direct care staff in our residential programs.

Are you at least 21 years of age? 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 _____

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: _____

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

Education

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

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

- Typing/WPM _____ PC _____
(Windows/McIntosh)
- 10 key adding machine Sight Touch Shorthand/WPM _____
- Software _____
- 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.) _____

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** _____

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.



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: Tianna Gosch Agency/Org.: Wichita Children's Home
 Phone #: 316-681-6706 Address: 7271 E. 37th St. N.
 Email: tgosch@wch.org City/State/Zip: Wichita, KS, 67226

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

Payment/Account Information (check box which applies)

<input checked="" type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: _____
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	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	
<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (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)* Tianna Gosch Phone 316-681-6706
Agency name Wichita Children's Home
Agency mailing address 7271 E. 37th St. N., Wichita KS, 67226
Agency email address tgosch@wch.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: _____ / _____ / _____ (mm/dd/yyyy)	SS#: _____ - _____	<input type="checkbox"/> Male <input type="checkbox"/> Female (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: _____



Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>