



Serving people with intellectual disabilities since 1971

3401 SW Harrison St, Topeka, Kansas 66611  
 EMPLOYMENT APPLICATION

SLI highly values applicants and employees. If you need assistance during the application process, please contact our Human Resource Department. Resumes may not be substituted for a completed Application. Incomplete Applications will not receive consideration. Must be at least 18 years of age to apply.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_ City/State/zip: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Other Names used (full): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (note if work/cell/etc.): \_\_\_\_\_

E-mail: \_\_\_\_\_

NAME	STREET, CITY, STATE, ZIP CODE	MAJOR / PROGRAM	DEGREE? YES / NO
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

EDUCATION Please circle highest grade completed: 9 10 11 12 13 14 15 16 17 18 19 20 20+

List any employment certifications, registrations or licenses (please include date scheduled to expire), also include any professional or civic organizations to which you belong. Documentation of education, certification, registrations and licenses will be required if employment is offered.

\_\_\_\_\_  
 \_\_\_\_\_

Please briefly describe any qualities, experience, interests or special training that would make you a good candidate for the position that you have applied for:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you worked at SLI before? Yes / No

Have you applied at SLI before? Yes / No

Have you read the entire job description? Yes / No

Do you believe that you are capable of completing all duties as described in the description? Yes / No

Position applied for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Do you meet the minimum qualifications and requirements for this position? Yes / No

**EXPERIENCE:** 1 - Please put most recent employer first. 2 - List four most recent positions. 3 – Include any part-time positions.  
 4 - Reason for leaving must be completed. 5 - Specify any periods of unemployment. 6 - Please ask for additional pages if needed.

<b>Most Recent Employer</b>	<b>Name of Employer</b>
Street Address	Street Address
City, State& Zip Code	City, State & Zip Code
Telephone Number	Telephone Number
Name of Supervisor	Name of Supervisor
May we contact? Yes / No	May we contact? Yes / No
Dates Employed: Starting Date:                      Starting Salary: Ending date:                      Ending Salary:	Dates Employed: Starting Date:                      Starting Salary: Ending date:                      Ending Salary:
Job Title / Duties / Hours per Week	Job Title / Duties / Hours per Week
Exact Reason For Leaving	Exact Reason For Leaving

<b>Name of Employer</b>	<b>Name of Employer</b>
Street Address	Street Address
City, State& Zip Code	City, State& Zip Code
Telephone Number	Telephone Number
Name of Supervisor	Name of Supervisor
May we contact? Yes / No	May we contact? Yes / No
Dates Employed: Starting Date:                      Starting Salary: Ending date:                      Ending Salary:	Dates Employed: Starting Date:                      Starting Salary: Ending date:                      Ending Salary:
Job Title / Duties / Hours per Week	Job Title / Duties / Hours per Week
Exact Reason For Leaving	Exact Reason For Leaving

Have you ever been asked to resign from a job? Yes / No

If Yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**QUESTIONS OF RECORD**

Please list dates and details for any **vehicular moving violations (tickets)** in the past 36 months – if none, mark “none”:

\_\_\_\_\_

Please list dates and details for any **vehicular accidents** in the past 36 months – if none, mark “none”:

\_\_\_\_\_

Please provide dates and details if you have had a **suspended drivers license** in the past 36 months – if none, mark “none”:

\_\_\_\_\_

Please provide dates and details for any **DUI or DWI** during the last 60 months – if none, mark “none”:

\_\_\_\_\_

Please provide a description for any **felony or misdemeanor conviction** – if none, mark “none”:

\_\_\_\_\_

Please provide a description for any **child abuse or adult abuse** committed or confirmed – if none, mark “none”:

\_\_\_\_\_

Are you **eligible for employment** in the United States? \_\_\_\_\_ If no, please explain:

Days and times that you are available to commit to a work schedule:

DAY OF WEEK	MON – FRI	SATURDAY	SUNDAY	OVERNIGHTS
FROM				
TO				
FROM				
TO				

Days and times not available to commit to work: \_\_\_\_\_

Do you have a valid Kansas driver's license? Yes / No If No, explain in detail: \_\_\_\_\_

**REFERENCES:** Include individuals directly familiar with your work ability. Please include one close relative.

Use phone numbers where references may be reached during weekdays.

NAME	STREET	CITY	STATE	ZIP CODE	TELEPHONE	YEARS KNOWN & RELATIONSHIP
1						
2						
3						

Do you have any relatives employed or served by SLI? \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize SLI and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that all offers of employment will be conditional offers of employment subject to passage of a drug screen, DCF CPS/APS, KDHE and DMV. If I am unable to pass a drug screen, DCF CPS/APS, KDHE or DMV, SLI reserves the right to withdraw the conditional offer of employment whether or not employment has actually begun.

Social Security #:	SIGNATURE	DATE
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**THIS RELEASE IS VALID FOR 12 MONTHS FOLLOWING DATE OF RELEASE.**

SLI does not discriminate on the basis of race, color, religion, nation of origin, ancestry, sex, age, disability or veteran status. Our organization highly values diversity. Inquiries concerning our organization’s compliance with equal rights regulations should be directed to the Vice President of Employee Services and Facilities.

## SLI Applicant Authorization to Release Information

*(To be used regarding applicants for pre-employment references)*

I authorize SLI to contact any company, institution, law enforcement agency, state agency, bureau, or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to the Company.

\_\_\_\_\_  
*Name (Printed)*

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

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

Maiden Name and/or Any Other Names Currently or Formerly Known by:  
\_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Driver's License Issued: \_\_\_\_\_

SLI Currently Verifies Information With:

- Kansas Bureau of Investigation
- Adult and Child Abuse and Neglect – Department for Children and Families
- Motor Vehicle Report
- Shawnee County Court Records
- Other Local, State and National Databases and Public Information systems (Sex Offender)
- Topeka Municipal Court
- KDADS Health Occupations Credentialing
- Office of Inspector General
- KDADS Nurse Aide Registry
- KDOC Kansas Adult Supervised Population Electronic Repository

*According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.*