



APPLICATION FOR EMPLOYMENT

Life Patterns, Inc. is a Financial Management Service agency that serves as a billing/payroll agent for Participants who self-direct their services through Home & Community Based Services waivers in the state of Kansas. If hired, the Participant you provide support to and work for will be your employer. **LIFE PATTERNS, INC. WILL NOT BE YOUR EMPLOYER.** All workers must be at least 18 years of age and have a high school diploma or equivalent.

This is an application for employment to work with an individual with a disability receiving services through the State of Kansas Medicaid HCBS waiver program. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

(Please Print) **Date of Application** _____

NAME: _____
(First) (Last) (Middle Initial)

ADDRESS: _____
(Street) (City) (Zip)

TELEPHONE: _____ **S. S. #** _____

EMAIL: _____

Are you employed now? Yes No

On what date would you be available for work? _____

Are you interested in (check all that apply)?

Part Time Full Time Weekend hours Daytime Evening hours

Are you able to lift 60-80 pounds? Yes No

EDUCATIONAL BACKGROUND		
Name & Location (City/State)	Years Completed	Did you graduate?
High School:		
College:		
Other:		

Do you have a current KANSAS Driver's License? Yes No

If No: Please explain: _____

If Yes: License #: _____

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain:

(Conviction will not necessarily disqualify applicant from employment.)

Please list any experience you may have had working with persons with a disability:

EMPLOYMENT HISTORY

List your last 3 employers beginning with the most recent, including military experience.

Employer 1:	From _____ to _____
Address:	Job Title:
Telephone:	Immediate Supervisor:
Reason for Leaving:	Summarize Nature of Work:
Employer 2:	From _____ to _____
Address:	Job Title:
Telephone:	Immediate Supervisor:
Reason for Leaving:	Summarize Nature of Work:
Employer 3:	From _____ to _____
Address:	Job Title:
Telephone:	Immediate Supervisor:
Reason for Leaving:	Summarize Nature of Work:

REFERENCES

Please list name, telephone number, and relationship of three references who are NOT RELATED TO YOU and who are NOT previous employers.

	Name	Telephone	Years Known & Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Employer/Participant from all liability for any damage that may result from utilization of such information. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that just as I am free to resign at any time, the Employer/Participant reserves the right to terminate my employment at any time, with or without cause and without prior notice.

Signature of Applicant

Date