

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:	(=3,4.4)	(C	,
	reet)	(City)	(Zip)
TELEPHONE:	S. S. #		
EMAIL:			
Are you employed now?	Yes No		
On what date would you be availaded Are you interested in (check all that			
Part Time Full 7	Γime Weekend hor	urs Daytime	Evening
Are you able to lift 60-80 pounds?	Yes Yes EDUCATIONAL BACKGR	No OUND	
Name & Location		Years Completed	Did you graduate?
High School:			
College:			
Other:			
Do you have a current KANSA If No: Please explain: If Yes: License #:			No
Have you been convicted of a full yes, please explain:	elony within the last seve	n years?	Yes
(Conviction will not necessarily disqualify applicant from	employment.)		
Please list any experience you may	have had working with pers	sons with a disability:	

EMPLOYMENT HISTORYList 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:			
Tradicos.	Job Title.			
Telephone:	Immediate Supervisor:			
Reason for Leaving:	Summarize Nature of Work:			
Name Teleph	-			
1				
2				
3				
APPLICA	ANT'S STATEMENT			
I certify that answers given herein are true and complete to the best of my knowledge.				
<u> </u>	-			
In the event of employment I understand that false or mislear in discharge.	ading information given in my application or interview(s) may result			
I understand that just as I am free to resign at any time, the E employment at any time, with or without cause and without				
Signature of Applicant				