



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 Current Date (MM/DD/YY)

NAME: Your First Name Your Last Name Your Middle Initial
 (First) (Last) (Middle Initial)

ADDRESS: Your Street Address
 (Street) (City) (Zip)

TELEPHONE: Your cell/home phone S. S. # Your Social Security Number

EMAIL: Your E-mail

Are you employed now? Yes No Please Check A Box

On what date would you be available for work? First available date you can start work

Are you interested in (check all that apply):

Please Check All Boxes That Apply to You

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: <u>Your high school name, and location (City and State)</u>	<u>How Many Years Completed</u>	<u>Yes or no, Date</u>
College: <u>Name of your college or university, location, city and state</u>	<u>How many Years Completed</u>	<u>Yes or no, Date</u>
Other: <u>Other colleges or universities, Certificates, etc.</u>	<u>How many Years Completed</u>	<u>Yes or no, Date</u>

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

If No: Please explain: If you don't have a driver's license please explain here

If Yes: License #: Driver's license number

Have you been convicted of a felony within the last seven years? Yes No Please Check A Box

If yes, please explain: If you were convicted of a crime please explain here.

(Conviction will not necessarily disqualify applicant from employment.)

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

Places you have worked, certificates and courses

EMPLOYMENT HISTORY

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

Employer 1:	From <u>Start Date</u> to <u>End Date</u>
Address: <u>Address of current employer</u>	Job Title: <u>Title of your position</u>
Telephone:	Immediate Supervisor:
Reason for Leaving: <u>Why did you leave?</u>	Summarize Nature of Work: <u>Job description</u>
Employer 2:	From <u>Start Date</u> to <u>End Date</u>
Address: <u>Address of Second most current employer</u>	Job Title: <u>Title of your position</u>
Telephone:	Immediate Supervisor:
Reason for Leaving: <u>Why did you leave?</u>	Summarize Nature of Work: <u>Job description</u>
Employer 3:	From <u>Start Date</u> to <u>End Date</u>
Address: <u>Address of third most current employer</u>	Job Title: <u>Title of your position</u>
Telephone:	Immediate Supervisor:
Reason for Leaving: <u>Why did you leave</u>	Summarize Nature of Work: <u>Job description</u>

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. <u>Name of reference one</u>	<u>Number of reference one</u>	<u>How long have you known reference one?</u>
2. <u>Name of reference two</u>	<u>Number of reference two</u>	<u>How long have you known reference two?</u>
3. <u>Name of reference three</u>	<u>Number of reference three</u>	<u>How long have you known reference three?</u>

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.

Your signature
Signature of Applicant

Current Date (MM/DD/YY)
Date