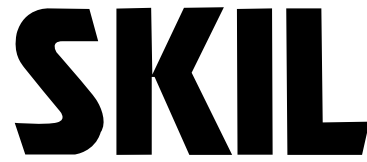


**Southeast Kansas  
Independent Living Resource Center  
Direct Support Worker  
Employment Application**

(Please Print or Type)



1801 Main Street  
P.O. Box 1035  
Parsons, KS 67357

800-688-5616 Toll Free  
620-421-5502  
620-421-0983 TDD  
620-421-3705 Fax

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Available Start Date

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
County

\_\_\_\_\_  
E-Mail (For Web Site Use)

**Availability**

Are you able to work full time or part time?  Full Time  Part Time

**What hours are you available to work?**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Are you available to work as a substitute/backup?  Yes  No

Are you interested in working as a live-in attendant?  Yes  No

Are you available for night support?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

*Proof of citizenship or immigration status is required upon employment.*

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

If yes, please explain. \_\_\_\_\_

If known, what holidays are you available to work? \_\_\_\_\_

## References & Authorization

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Dates of Employment

### What duties and responsibilities did your job involve?

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

May I contact this employer?  Yes  No

### Personal References (Please list two personal references)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

### Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date