

North Central-Flint Hills Area Agency on Aging, Inc.
401 Houston Street
Manhattan, KS 66502

Personal Information

Date: _____

Name: _____

Permanent Address _____
Street

City _____ State _____ Zip _____

Telephone Number _____

In Case of Emergency Notify:

Name Address Phone Number

Employment Desired

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? _____ If yes, may we contact your present employer? _____

Ever applied to this Agency before? _____ Position _____ When _____

How did you learn about this job opening? _____

U.S. Citizen: YES NO

Subjects of special study or research work: _____

What foreign languages do you:

Speak Fluently _____ Read _____ Write _____

U.S. Military Service _____ Rank _____ Present Membership _____
{National Guard or Reserves}

Professional or Social

Organization Membership: _____

Personal and/or Employment References

NAME ADDRESS TELEPHONE YEARS ACQUAINTED

1) _____

2) _____

3) _____

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This information is kept separate from all employment applications and is not forwarded to any Department Director or Supervisor during the employment process. It is used only by Human Resources to conduct a background investigation. If employed, this authorization becomes part of the permanent personal file.

Authorization for Release of Information

I hereby request and authorize the Kansas Bureau of Investigation to furnish North Central-Flint Hills Area Agency on Aging with criminal! history information described in K.S.A. 22-4701 (b). This includes all information defined with K.A.R. 10-9-1.

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

FULL NAME: _____
Last First Middle

ANY OTHER NAMED USED: _____

CURRENT ADDRESS: _____

City State Zip

Driver's License _____ State Issued _____

SEX _____ RACE _____ BIRTHDATE _____

EYE COLOR _____ HAIR COLOR _____ HEIGHT _____ WEIGHT _____

SOCIAL SECURITY NUMBER _____

PLACE OF BIRTH:
CITY: _____ STATE: _____

SIGNATURE _____ DATE _____

THIS FORM IS TO BE USED FOR ALL EMPLOYEES OR APPLICANTS OR PERMANENT AUTHORIZED POSITIONS

North Central-Flint Hills Area Agency on Aging, Inc.
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AFFIDAVIT OF _____
(Name of Applicant)

STATE OF KANSAS)
COUNTY OF _____) ss:

I, _____ (name of applicant) being of lawful age and having been first duly sworn upon my oath, do hereby affirmatively state and depose:

1. I am an applicant for a position of employment with the North Central-Flint Hills Area Agency on Aging, Inc. that will require interaction with Kansas seniors or people with disabilities or performance of service inside the homes of seniors and people with disabilities.

2. Please check one:

(a) _____ I have never been convicted of any misdemeanors or felony crimes, excluding speeding or parking convictions, in any state, territory, or country.

or

(b) _____ I have been convicted of the following misdemeanors and/or felony crimes, other than speeding or parking convictions, in the jurisdictions, in the years, identified below:

State, or Territory, Country	Year	Description of Crime

3. I understand that the North Central-Flint Hills Area Agency on Aging, Inc. will consider the information. I am giving in this affidavit when deciding whether to hire me to interact with Kansas seniors and people with disabilities or perform services inside the homes of Kansas seniors and people with disabilities.

4. I am voluntarily making this Affidavit to provide my potential employer with complete information about my criminal history.

5. I understand that I am making this Affidavit under penalty of perjury for any intentional misstatements made herein.

6. Further, I understand that if I am hired, failure to provide complete and accurate information regarding my criminal history, if any, will be grounds for immediate dismissal.

FURTHER AFFIANT SAITH NOT.

(Signature with Full Name of Affiant)

VERIFICATION

The foregoing Affidavit was sworn to and signed before me on _____ 20_____

By a person known to me to be _____

Notary Public, State of Kansas

My appointment expires: _____

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Education

	Name & Location of School	Years Attended	Graduated	Subjects Studied
High School				
College				
College				
Trade, Business, Graduate, or Correspondence				

Employment:

List below last three employers, beginning with most current:

DATE	NAME & ADDRESS OF EMPLOYER	PHONE	POSITION	REASONS FOR LEAVING

I understand and agree that if accepted as an employee of NCFHAAA, the employment will be “at will”. That is, either NCFHAAA or I am end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by NCFHAAA does not imply employment and this application and/or other NCFHAAA documents are not contracts of employment. I further state that I am willing to submit my name for the background checks necessary for employment. I understand my rights to dispute the findings if I feel they are inaccurate.

Signature _____ Date _____

OFFICE USE ONLY	
Interviewed by: _____	Date _____
Comments: _____	
