



EMPLOYMENT APPLICATION

If you would like assistance in completing this employment application, please ask to speak with the Office Manager or Assistant Executive Director. In compliance with the Immigration Reform and Control Act, we hire only U.S. citizens and aliens lawfully authorized to work in the U.S. This company does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, ancestry, disability or any other prohibited basis. No question on this application is intended to secure information to be used for such discrimination.

PLEASE PRINT OR TYPE PERSONAL

Last name First name Middle name Daytime Phone Number

Current Address (Street, City, State, & Zip Code) Alternate Phone Number

Previous Address (Street, City, State, & Zip Code) Email Address

Are you over age 18? Are you a U.S. Citizen? Are you authorized to work in the U.S.?
YES NO YES NO YES NO

POSITION

For what position are you applying? In which are you interested?
Full Time Summer Part Time* Temporary

*Part Time: generally 9:30AM-3:30PM Monday-Friday, unless stated otherwise. This may be discussed during the interview process.

Have you ever been employed through Heartstrings Community Foundation before? YES NO
If Yes indicate date

Have you ever applied for employment with Heartstrings before? YES NO
If Yes indicate date

Date Available: Salary/Wage Acceptable:

How did you find out about Heartstrings and any open positions?
Craigslist Our website Friend Other

List the names of any Heartstrings Employee who encouraged you to apply:
Names:



1st PREVIOUS EMPLOYER

Telephone Number

Dates Employed (Month and Year)

Address

Supervisor's Name

Salary Start:

End

Job Title and Nature of Duties

Reason for leaving

2ND PREVIOUS EMPLOYER

Telephone Number

Dates Employed (Month and Year)

Address

Supervisor's Name

Salary Start:

End

Job Title and Nature of Duties

Reason for leaving

REFERENCES

List 3 Professional References

Name	Address	Telephone Number	Years Known
------	---------	------------------	-------------

Name	Address	Telephone Number	Years Known
------	---------	------------------	-------------

Name	Address	Telephone Number	Years Known
------	---------	------------------	-------------



AUTHORIZATION

I authorize an inquiry to be made on the information contained in this application. Upon written request, the nature and scope of this inquiry will be made available to me.

Former employers named herein, government body including law enforcement agencies, schools or other agencies, are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that my employment is at will, that the terms and conditions of my employment can be changed at the option of Heartstrings Community Foundation® and that my employment can be terminated with or without good cause at any time, for any reason, at the option of Heartstrings or myself.

A photocopy of this release shall be considered as valid as the original.

STATEMENT OF POLICY: I understand that Heartstrings Community Foundation is bound by regulation to ensure that persons who have been convicted of abuse, neglect, exploitation or prohibited offenses as stated in K.S.A. 39-970 and 65-5117 are not allowed to be in a position whereby I/DD consumers are placed at risk. State policy requires specific background checks to be conducted prior to a formal offer of employment.

STATEMENT OF POLICY: I understand Heartstrings Community Foundation is committed to ensure a safe, drug free workplace for all company employees and the general public. As a public employer, the company has a compelling interest in establishing reasonable condition of employment. Prohibiting employee drug and alcohol use is one such condition.

AFFIRMATION OF POLICY: As and applicant for a position with Heartstrings Community Foundation, I affirm that I have read and understand Heartstrings' Drug and Alcohol Testing and Background Checks Statements of Policy noted above, and I am aware that employment for a safety sensitive position is subject to periodic drug testing. If hired into a position with Heartstrings, I agree to abide by all provisions of the anti-drug policy as a condition of my continued employment with the company.

Date

Applicant's Signature

Applicant's Name (PLEASE PRINT)