

# APPLICATION FOR EMPLOYMENT

BIG LAKES DEVELOPMENTAL CENTER, INC. (BLDC)  
1416 Hayes Drive  
Manhattan, KS 66502  
Phone: (785) 776-9201 FAX: (785) 776-9830  
www.biglakes.org

Please print and answer all questions. Use ink or typewriter.

Big Lakes Developmental Center, Inc. (BLDC) is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Director.

Position(s) applied for: \_\_\_\_\_ or  Any part-time  Any full-time Date: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MI LAST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone: ( ) Cell Phone: ( ) E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

What is the best way/time to contact you? \_\_\_\_\_

Have you ever worked for BLDC before?  Yes  No If yes, please give date: \_\_\_\_\_

Have you applied for employment with BLDC before?  Yes  No If yes, month/year applied: \_\_\_\_\_

Were you referred to BLDC by a current employee?  Yes  No If yes, who: \_\_\_\_\_

How did you find out about BLDC employment?  Newspaper  BLDC Employee  Internet

Flyer  Other \_\_\_\_\_

Are you related to a current staff member, board member or person receiving services from BLDC?  Yes  No

If yes, please give their name and relationship to you. \_\_\_\_\_

Do you have a valid driver's license?  Yes  No What state? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

*\*\*\*Driver's history will be checked on every new employee to determine eligibility for driving positions.\*\*\**

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.)  Yes  No

If yes, please explain: \_\_\_\_\_

*\*\*Background checks are conducted on every new employee.\*\*\**

Can you, after employment, submit verification of your legal right to work in the USA?  Yes  No

Please complete the schedule below to indicate days and hours available to work:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

What date are you available to start work? \_\_\_\_\_

## EMPLOYMENT OR RELEVANT VOLUNTEER HISTORY

List last/present employer first.

Have you ever been fired or asked to resign from a job?  Yes  No If yes, please explain: \_\_\_\_\_

1. Present/Last Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Duties of Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

2. Previous Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Duties of Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

3. Previous Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Duties of Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

4. Previous Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Duties of Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Comments (including explanation of gaps in employment): \_\_\_\_\_

## REFERENCES

At least two reference checks are required prior to offer of employment. List business/work references who are not related to you and are not previous supervisors. If not applicable list school or personal references who are not related to you.

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP

4. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Write a brief paragraph explaining what skills and qualifications that you have that would make you a good candidate for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Are you a high school graduate?  Yes  No If no, have you completed the high school GED tests?  Yes  No  
 Can you, after employment, submit verification of credentials?  Yes  No

Schools Attended Other Than High School	Location	Number of Years Attended	Did you graduate?	Degree/Diploma/ Credits/Credentials Earned	Course of Study or Major
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		

## OTHER TRAINING

CERTIFICATION TYPE/DESCRIPTION (Do not list credentials that are not recognized in the State of Kansas)	Granting Authority/Where Earned	Certification Number (if any)	Expiration Date (if any)
Cardio-Pulmonary Resuscitation (CPR)			
Standard First Aid			
Certified Nurse Aide			
Certified Medication Aide			
Commercial Drivers License (CDL)			
Mandt Training			
Other			
Other			
Summarize any other special job-related skills and qualifications you've acquired from employment or other experience: _____ _____ _____ _____			

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Big Lakes Developmental Center, Inc. (hereinafter referred to as "BLDC"), such employment with BLDC is at will, for no specified duration, and may be terminated by either BLDC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of BLDC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of BLDC, except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of BLDC.

In consideration for employment with BLDC, if employed, I agree to conform to the rules, regulations, policies and procedures of BLDC at all times and understand that such compliance is a condition of employment. I understand that due to the nature of BLDC business, attendance and punctuality are considered essential requirements of every job at BLDC and that poor attendance or tardiness will result in disciplinary action to include termination.

I understand that if offered a position with BLDC, as a condition of employment, I may be required to submit to a pre-employment medical examination at my expense (for "Driver" positions only), a drug screening and background checks to include motor vehicle report. KBI, KDHE, SRS Adult & Child Protective Services will also be conducted. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment, if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to BLDC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

8/01/07

**VOLUNTEER SELF-IDENTIFICATION**  
(CONFIDENTIAL – For Statistical Use Only)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms of conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

**ETHNIC GROUP:** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (all races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - Hispanic or Latino (white race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
  - Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

Check if any are applicable:

**VETERAN STATUS:**

- Special Disabled Veteran** (Please check if either or both categories apply to you.)
  - (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap; or
  - (B) A veteran who was discharged or released from active duty because of a service-connected disability.
- Veteran of the Vietnam Era** (Please check if either or both categories apply to you.)
  - (A) A veteran who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 6, 1964, and May 7, 1975 in all other cases; or
  - (B) A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.
- Other Veteran** (Please check if either or both categories apply to you.)
  - (A) A veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
  - (B) A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. (Since new campaigns and expeditions are added from time to time, they can be identified by you or your employer at your request at <http://www.opm.gov/veterans/html/vgmedal2.asp>.) A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran’s “Armed Forces of the U.S. Report of Transfer or Discharge,” commonly known as the DD-214 Form,” if the veteran meets this criterion.
- Individual with Disabilities** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).