

Successful Dreams Support Services, Inc. Application For Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Full Name

Address	City	State	Zip
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Phone Number	Mobile Number	Email Address
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Date of Birth	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are You a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected for Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
Yes No

ADULT DAY & RESIDENTIAL SUPPORT SERVICES

Successful Dreams Adult Day & Residential Services is dedicated in supporting individuals with developmental disabilities and their families. Through comprehensive, appropriate and quality services, Successful Dreams Support Services, will help the individuals that we serve achieve their highest level of individual independence. If hired, you will be responsible for a variety of duties related to the overall care of the individuals we serve here at Successful Dreams Adult Day & Residential Support Services. **Those applying for Adult Services MUST be 18 years of age.**

YOUTH QUALIFIED RESIDENTIAL TREATMENT PROGRAM

Young men admitted to Successful Dreams are those who have experienced significant childhood trauma, that is physical as well as interpersonal in nature and has impacted healthy emotional, social, and physical development. If hired, you will be responsible for a variety of duties related to the overall care of the young men who reside in The Successful Dream's Youth Residential Treatment Program. **Those applying for the Youth Residential Program, MUST be 21 years of age.**

Position

Position You Are Applying For (Please Check One) <input type="checkbox"/> Youth Residential <input type="checkbox"/> Adult Day & Residential <input type="checkbox"/> BOTH / NO PREFERENCE	Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes When?
	Available Start Date:	Desired Pay:

Employment Desired Full Time Part Time Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History (Please Start With Your Most Recent Employment History)

Are You Employed Now?
Yes No

If So, May We Inquire of Your Present Employer?
Yes No

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ **Phone** _____

Agency name _____

Agency mailing address _____

Email address: Will return via Encrypted email unless marked otherwise _____

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

DOB: _____ **SS#:** _____ Male Female
(mm/dd/yyyy) **(mark one)**

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ **Date:** _____
(An Ink Signature or a Verified E-Signature is Required for Processing) **(mm/dd/yyyy)**

RETURN TO:

DCF.APSRegistry@KS.GOV

or
Adult Abuse Registry
555 S. Kansas Ave
Topeka, Kansas 66603-3444

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
 9/2018
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Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: ANGELA THOMPSON Agency/Org.: Successful Dreams Support Services, Inc.
 Phone #: 6204212014 Address: P.O. BOX 721, PARSONS, KS 67357
 Email: angelina.thompson@successfuldreams.org City/State/Zip: PARSONS,KS 67357

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
<input checked="" type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ icon at bottom of page. Submit receipt with ROI form(s).
<input type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account. FEIN: _____
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH	
<p><i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i></p> <p><i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i></p> <p>(see attached document for more info.)</p>	

CLEARED



SUCCESSFUL DREAMS SUPPORT SERVICES

“Where No Dreams are Unreachable”

Documents Needed

- Social Security Card
- Driver’s License (cannot be expired)
- Proof of any previous training you have

List of Trainings Needed

- First Aid & CPR
- Medication Administration
- Rights & Responsibilities
- Abuse, Neglect, and Exploitation Training
- Emergency Preparedness
- Bloodborne Pathogens, Seizure, & Fire Safety Training
- The Mandt System
- Sexual Harassment
- PCT
- Universal Enhancements
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SUCCESSFUL DREAMS SUPPORT SERVICES

“Where No Dreams are Unreachable”

1906 Main Street, Unit B
Parsons, KS 67357

Phone: (620) 421-2014
Fax: (620) 421-2941

Driver's License Background Check

I, _____, am authorizing SUCCESSFUL DREAMS SUPPORT SERVICES to request a driver's license check on me.

License # _____ Class: _____ State Issued: _____
Last Name: _____ First Name: _____ MI: _____
Date of Birth: _____ Sex: _____

Has your license ever been revoked? (circle one option) **YES / NO**
If you answered **YES** to the previous question, please explain:

Have you ever been convicted of any of the following? If yes, indicate when in the spaces provided.

Felony or Class A, B, or C misdemeanor: (circle one option) **YES / NO** _____

Hit and Run Driving: (circle one option) **YES / NO** _____

Driving while intoxicated: (circle one option) **YES / NO** _____

Driving while under the influence of drugs: (circle one option) **YES / NO** _____

Reckless Driving: (circle one option) **YES / NO** _____

List any moving violations in the last (5) years:

Date	Violation
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information provided above is accurate and complete to the best of my knowledge.

Signature

Date