

**HETLINGER DEVELOPMENTAL SERVICES, INC.
APPLICATION FOR EMPLOYMENT**

(Please Print)

DATE _____

NAME _____
Last First Middle Initial

MAILING ADDRESS _____
Street City State Zip

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Do you have any relatives who are employed by this organization? Yes No

If "yes", please specify _____

Do you have a valid Kansas Driver's License Yes No

Have you ever used another name which would be needed for background checks?

Yes No If "yes", please specify _____

Have you ever been convicted of a misdemeanor or a felony? Yes No

If "yes", please explain the number of conviction(s), the date(s), and the nature of the offense(s) _____

Are you currently on probation or parole? Yes No

Please list any information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.

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Please read this page carefully and sign and date where indicated.

Applicant's Statement

I understand that Hetlinger Developmental Services, Inc. (HDS) follows an "employer at will" policy. If hired, either I or HDS may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I further understand that if hired, HDS may change or revise their benefits, policies and procedures at any time and such changes may include a reduction in benefits.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that this application must be completed in its entirety and that any incomplete applications will not be considered. I further understand that this application applies only to the current advertised position and that if I wish to apply to HDS at a future time, I must complete a new application. I understand that resumes and personal references will not be considered by this employer.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date