



301 First Street, Osawatomie, Kansas 66064  
 913-755-3025 FAX 844-272-3771

## EMPLOYMENT APPLICATION

**We consider applicants for all positions without regard to race, religion, color, sex, sexual orientation, parental status, disability, national origin, age, family medical history or genetic information, political affiliation, military service, other non-merit based factor(s), or any other legally protected status.**

*(please print)*

Position(s) Applied For	Date of Application / /				
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employee _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Email Address					
Address	City	State	Zip Code		
How long have you lived at this address? -----		Social Security Number _ _ - _ _ - _ _ -----			
Home Number	Telephone Numbers Daytime (if different)	Cell Number			
Addresses for Past Three Years			Dates		
_____ (street)	_____ (city)	_____ (state)	_____ (zip)	_____ (from)	-- (to)
_____ (street)	_____ (city)	_____ (state)	_____ (zip)	_____ (from)	-- (to)
_____ (street)	_____ (city)	_____ (state)	_____ (zip)	_____ (from)	-- (to)
<b>(attach additional sheet if needed)</b>					

### ***TRI-KO, INC. IS AN EQUAL OPPORTUNITY EMPLOYER***

TRI-KO, INC. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. TRI-KO, INC. complies with applicable state and local laws prohibiting discrimination in employment. TRI-KO, INC. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act (ADA) and applicable state and local laws. If you need any accommodations, please let us know.

Have you ever filed an application with TRI-KO, INC. before?  Yes  No  
If Yes, give date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever been employed with TRI-KO, INC. before?  Yes  No  
If Yes, give date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do any of your friends or relatives, work for TRI-KO, INC.?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Does TRI-KO, INC. currently serve any of your relatives?  Yes  No

Are you currently employed?  Yes  No  
If so, may we contact your present employer?  Yes  No

Do you have reliable transportation?  Yes  No

Has your name been listed on any registry for Abuse/Neglect/Exploitation of a vulnerable individual? *Tri-Ko is prohibited by the State of Kansas from employing any individual who is listed on the Abuse/Neglect/Exploitation Registry*  Yes  No

Have you ever been accused or charged with an illegal drug offense?  Yes  No

Have you ever failed an alcohol/drug test or been discharged from employment due to suspicion of alcohol and/or drug use?  Yes  No

Have you been convicted of a misdemeanor/felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify applicant from employment.*

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Do you have a current, valid driver's license?  Yes  No

State \_\_\_\_\_ DL # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
**(If the answer is yes to either of the two previous questions, attach a statement giving details.)**

Traffic Convictions/Forfeitures for the past three years (other than parking violations)

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(location)	(date)	(charge)	(penalty)
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(location)	(date)	(charge)	(penalty)
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(location)	(date)	(charge)	(penalty)
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**(attach sheet if more space is needed for traffic convictions/forfeitures history)**

If your application is favorably considered, when would you be available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate locations you are willing to work:  Osawatomie  Paola  
 Garnett  LaCygne

Are you available to work:  Full time (30 hours +)  Part time (20-30 hours)  
 Part time (1 – 20) hours  PRN

Please indicate days and hours available:

Sun  Mon  Tu  Wed  Thu  Fri  Sat

8 a.m. – 4 p.m.  4 p.m. – 12 midnight  12 midnight – 8 a.m.

Are you currently on “lay-off” status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you a veteran of the U. S. Military Service?  Yes  No Branch \_\_\_\_\_

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van Tank Flat Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Other				

## ACCIDENT RECORD FOR THE PAST THREE YEARS (or more)

Accident	Date	Nature of the Accident (Head-on Rear-end Upset Etc.)	Fatality	Injury	Non- Injury
Last Accident					
Next Previous					
Next Previous					

# NOTICE TO ALL APPLICANTS FOR EMPLOYMENT

As part of the selection and hiring process, this company engages in drug testing of all otherwise qualified applicants for employment.

These tests are highly sophisticated and capable of detecting trace amounts of various drugs for up to 60 (sixty) days following use.

If you have used drugs in the last 60 (sixty) days, please do not waste our time and yours by applying for work with this company.

Test results which indicate the presence of drugs in your body will bar further hiring consideration.

If you are selected for an interview, you will be required to provide the following documents at the time of interview:

1. Driver's License
  2. Social Security Card (original, not a copy)
  3. High School Diploma or GED Certificate
- or-
- College Transcript/Diploma as required for position

The following screening forms will also be completed at the time of interview:

1. Kansas Department for Aging and Disability Services
2. Kansas Bureau of Investigation
3. State of Kansas Department for Children and Families
4. National Sex Offenders Public Website
5. Kansas Department of Motor Vehicle
6. Office of the Inspector General
7. National Crime Information Center
8. United States Immigration Services – I-9
9. Request for Information from Previous Employer
10. Alcohol and Controlled Substance Test Information Release

**PRE-EMPLOYMENT AGREEMENT**

**TRI-KO, INC.**

**301 FIRST STREET - OSAWATOMIE, KANSAS 66064**

*please read carefully*

TRI-KO, INC. provides services to and promotes opportunities for developmentally disabled and handicapped persons in their living and working environments assisting them in becoming more independent and supporting their choices in life.

- I understand that I must have the ability to read and write to an acceptable level of proficiency commensurate to the position for which you I am applying.
- For direct-care positions, I should be able to adequately document behaviors, understand and implement plans for persons served, and pass training including, but not limited to, First Aid and CPR, Mandt, and Medication Administration (where applicable).
- I understand that possession of a personal telephone is necessary for employment communication.
- I understand that I must not have a history or record of abuse, neglect or exploitation of persons unable to protect themselves.
- I understand that most positions require the ability to operate TRI-KO, INC. vehicles, and my motor vehicle record will be a factor in employment. Tri-Ko's insurance carrier must be able to insure each employee on its policy.
- Any offer of employment received from TRI-KO, INC. is conditional upon successful completion of the company's total employment screening process, including satisfactory references and satisfactory results of any other employment background checks such as motor vehicle records, drug/alcohol screening, Kansas Department for Children and Families, Adult and Child Abuse and Neglect Central Registry, Kansas Bureau of Investigation records, Health and Human Services Office of Inspector General, Kansas State Board of Nursing, Kansas Nurse Aide Registry, National Criminal data base, or other screening deemed appropriate for the position for which I have applied.
- In processing my application for employment, I understand that TRI-KO, INC. may verify information provided by me concerning my prior employment, education, military record, character, general reputation, motor vehicle record and criminal record.
- I understand that I will be required to pass a drug/alcohol screening as a condition of employment and thereafter I may be randomly tested throughout my employment with TRI-KO, INC. I understand that employees may be required to submit to post-accident or reasonable suspicion drug/alcohol testing.

**I have read and understand the statements and conditions of employment above. Falsification of information contained within this application for employment may prevent employment or cause for termination of employment.**

signature \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Work Performed	
Address	Dates Employed		
	from	to	
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	starting	Final	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a "safety-sensitive function" in any Department of Transportation (DOT) – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Work Performed	
Address	Dates Employed		
	from	to	
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	starting	final	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a "safety-sensitive function" in any Department of Transportation (DOT) – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Work Performed	
Address	Dates Employed		
	From	to	
Telephone Number(s)			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor	Starting	final	
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Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Work Performed		
Address	Dates Employed			
	from			to
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	starting			final
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a "safety-sensitive function" in any Department of Transportation (DOT) – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(attach sheet if more space is needed for employment history)

Comments: Include explanation of any gaps in employment.	
REASON	DATES (from/to)

## EDUCATION

Schools	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Please summarize special job-related skills and qualifications acquired from employment or other experience. List professional, trade, business or civic activities and offices held. State any additional information you feel may be helpful to us in considering your application.

## APPLICANT'S STATEMENT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, misleading, or incomplete information given in my application or interview(s) may result in discharge. I also understand that the results of some background screenings may not be available until after I actively begin employment. All offers of employment are contingent upon satisfactory results of background screens, both received prior to and after employment is begun.

I understand, also, that if employed, I will be required to abide by all rules and regulations of the Employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Received By

Date

/

/revised 08/16