

# Sunflower Diversified Services

P.O. Box 838, Great Bend, KS 67530  
(620)792-1321

## Application for Employment

*We are an equal opportunity employer*

Position(s) Applied For:		Date of Application	
<input type="checkbox"/> Full Time	Wage Desired	Proposed Start Date	
<input type="checkbox"/> Part Time <input type="checkbox"/> Mid Time			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone	SSN	
		- -	

### How Did You Learn About Us?

Newspaper    Nex-tech    Facebook    Kansas Works    Other \_\_\_\_\_

### Who referred you? No One

Relative    Friend    Current Employee

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES    NO

Have you ever been employed with us before?

YES    NO

Have you ever been reported for abuse, neglect or exploitation?

YES    NO

Have you been convicted of, pled guilty to, or entered a plea of "no contest" to a felony within the last 7 years? If "YES" please explain:

YES    NO

Have you been convicted of, pled guilty to, or entered a plea of "no contest" to a DUI (Driving Under the Influence) or DWAI (Driving While Ability Impaired) charge ever?

YES    NO

If "YES" please explain:

Are you currently on "lay-off" status and subject to recall?

YES    NO

Education

Have you earned a High School Diploma or successfully completed and received a GED?

YES  NO

	Name City, State	Course of Study	Years Completed	Degree/Diploma Earned
High School				
Undergraduate College				
Graduate/ Professional				

Please list any specialized trainings, apprenticeships, skills, organizational memberships, and/or extra-curricular activities:


**Military**

Are you currently serving, or have you ever served, in the United States Military, Reserves, or National Guard?

YES  NO

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_

**References**

Name	Phone Number	Type of Reference: Work or Personal

## Employment History

**Are you currently employed?**  
**If "yes", may we contact your current employer?**

YES  NO  
 YES  NO

(Please list the last three (3) employers you had starting with the most recent)

From:	Employer	Address	Salary
To:			
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name		Phone Number

From:	Employer	Address	Salary
To:			
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name		Phone Number

From:	Employer	Address	Salary
To:			
Position/Title		Reason for Leaving	
Duties/Work Performed			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name		Phone Number

**Additional Information**

List any professional, trade, business, civic activities and offices held, and any memberships in professional organizations you would like us to be aware of:


List any professional licenses held (please include state, license number, and regulatory board)


**Specialized Skills**

Check proficiency level/operational skill level as indicated

	<u>Advanced</u>	<u>Intermediate</u>	<u>Basic</u>	<u>No experience</u>
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other programs/production machinery/office equipment and applicable operational skill level:


**NOTE:** Certain positions may require skills testing in any of the above listed (but not limited to) skill areas.

**Employees are treated during the hiring process without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.**

**As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.**

**I certify that the information contained in this application is correct to the best of my knowledge.**

**I authorize investigation of all statements contained in this application.**

**I authorize any person or organization listed on this application to provide all information regarding my employment skills and qualifications for employment. I authorize Sunflower Diversified Services to request and receive such information.**

**I agree to abide by the rules and regulations of Sunflower Diversified Services, which rules may be changed, removed or interpreted at any time at the company's sole discretion and without prior notice to me.**

**I understand that any offer of employment may be withdrawn at any time, my employment may be terminated at any time, with or without prior notice.**

**This application will be considered active for 60 days.**

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**Applicant's Signature**

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**Date**

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**Applicant's Printed Name**

**Sunflower Diversified Services  
Great Bend, Kansas  
Authorization to Release and/or Receive Information**

Name: \_\_\_\_\_

**Motor Vehicle Report:**

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State Driver's License is Issued: \_\_\_\_\_

Is this a CDL? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Kansas Department of Health and Environment**

I hereby authorize: Sunflower Diversified Services, P.O. Box 838 Great Bend, KS 67530, to access the information as part of the application/employment process.

I understand that I may revoke this consent at any time. Unless revoked earlier the consent expires upon \_\_\_\_\_ . (If left blank consent expires in 60 days from the date signed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



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

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:** Human Resources Agency/Org.: Sunflower Diversified Services  
 Phone #: (620) 792-1321 Address: PO Box 838  
 Email: SDS-HR@sunflowerdiv.com City/State/Zip: Great Bend, KS 67530

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. <b>Postal mail only.</b>	
<input type="checkbox"/> <i>Online Payment*</i>	<a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: <b>48-0779337</b>
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a>	
<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](mailto: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><i>(see attached document for more info.)</i></p>	

CLEARED

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)\*** Human Resources **Phone** 620-792-1321  
**Agency name** Sunflower Diversified Services Inc  
**Agency mailing address** PO Box 838 Great Bend, KS 67530  
**Email address: Will return via Encrypted email unless marked otherwise** SDS-HR@sunflowerdiv.com

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:**

**Email:** DCF.APSRegistry@ks.gov

**Mail: Office of Background Investigations**

Adult Abuse Registry  
500 SW Van Buren St  
Topeka, Kansas 66603

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

<b>For Official Use Only: Mark in this area if PROHIBITED</b>	<b>For Official Use Only: Mark in this area if CLEARED</b>
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Criminal Records Check Request Form

Facility Name:  
Sunflower Diversified Services  
P.O. Box 838  
Great Bend, KS  
67530

Facility ID:  
G005002

Applicant information: ALL REQUESTED INFORMATION MUSY BE PROVIDED or the form will not be processed

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Last  
Name

First Name

Middle Name

Suffix

Other Names Ever Used:

--	--	--

Last  
Name

Last Name

Last Name

--	--	--

Last  
Name

Last Name

Last Name

--	--	--	--

Social Security Number

Date of Birth

Sex

Race

--	--

Address

Post Office Box

--	--	--	--

City

State

County

Zip Code

--	--

Home Phone

Work Phone

Date

Signature

# Sunflower Diversified Services, Inc.

Sunflower Diversified Services require working the following hours:

## FULL TIME DAY SERVICE POSITIONS

Hours are available Monday – Friday 7:00 am – 3:00 pm but may vary by specific assignment  
OT requirement of 16 hours of Residential Support in 2 week pay period

## DRIVING POSITIONS

Hours are available between the hours of 5:00 am – 10:00 pm Monday – Saturday  
No OT requirement but hours are available in Residential Support

## RESIDENTIAL POSITIONS

Monday – Friday 3:00 pm – 11:00 pm

Saturday and Sunday 6:00 am – 4:00 pm and 4:00 pm – 11:00 pm.

Must be willing to work required shift and weekend hours on a rotating basis.

OT requirement of 10 hours/week

Typical shifts are Monday – Friday 3:00 pm – 11:00 pm, Night shift 11:00 pm – 7:00 am

Sleepovers 11:00 pm – 7:00 am. **Weekend shifts vary by assignment and all hours are subject to change.**

Check **hours** you are available to work:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> 12:00 Midnight | <input type="checkbox"/> 12:00 noon |
| <input type="checkbox"/> 1:00 am        | <input type="checkbox"/> 1:00 pm    |
| <input type="checkbox"/> 2:00 am        | <input type="checkbox"/> 2:00 pm    |
| <input type="checkbox"/> 3:00 am        | <input type="checkbox"/> 3:00 pm    |
| <input type="checkbox"/> 4:00 am        | <input type="checkbox"/> 4:00 pm    |
| <input type="checkbox"/> 5:00 am        | <input type="checkbox"/> 5:00 pm    |
| <input type="checkbox"/> 6:00 am        | <input type="checkbox"/> 6:00 pm    |
| <input type="checkbox"/> 7:00 am        | <input type="checkbox"/> 7:00 pm    |
| <input type="checkbox"/> 8:00 am        | <input type="checkbox"/> 8:00 pm    |
| <input type="checkbox"/> 9:00 am        | <input type="checkbox"/> 9:00 pm    |
| <input type="checkbox"/> 10:00 am       | <input type="checkbox"/> 10:00 pm   |
| <input type="checkbox"/> 11:00 am       | <input type="checkbox"/> 11:00 pm   |

Check **days** you are available to work

- |                                   |                                  |                                    |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday  |
| <input type="checkbox"/> Sunday   |                                  |                                    |

I understand consideration will be given to preferences above; however, if I accept a position with Sunflower Diversified Services, Inc. I will work the hours as scheduled by management.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date