



Disability Planning Organization of Kansas, Inc.
PO Box 1067
Salina, KS 67402-1067
(785) 823-3173

APPLICATION FOR EMPLOYMENT
(Answer all questions - please print in ink)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Please indicate which position(s) you want to be considered for.

Name _____
(Last) (First) (Middle)

Position you are applying for _____ Date _____

Social Security _____ Telephone No. _____

Present Address _____
(No.) (Street) (City) (State) (Zip Code)

Do you have a valid Drivers License? Yes ____ No ____

Drivers License No. _____ State _____ CDL: Yes ____ No ____

Rate of Pay Expected \$ ____ Date Available _____ Do you prefer: Full-time ____ Part-time ____

If part-time, specify days and hours _____

Are you known by another name? Yes ____ No ____ If yes, by what name? _____

Have you ever been employed by DPOK, Inc.? Yes ____ No ____ If yes, when? _____

What Department? _____

List any relatives or friends currently employed by DPOK, Inc. _____

Are you a citizen of the United States? Or an alien authorized to work in the United States?

Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain _____

Are you: Under 18 _____ Over 18 years of age _____

EDUCATION HISTORY

School	Name and Address of School	Course of Study	Circle last year completed	Did you Graduate?	List Diploma or Degree
Elementary			5 6 7 8	_ Yes _ No	
High			1 2 3 4	_ Yes _ No	
College			1 2 3 4	_ Yes _ No	
Other (Specify)			1 2 3 4	_ Yes _ No	

If you did not complete high school, do you have a high school equivalency diploma or certificate? Yes _____ No _____ Date _____

Other special training or skills _____

May your present employer be contacted for a reference? Yes _____ No _____

EMPLOYMENT HISTORY

List each job, starting with your most recent (include Military Service) If you attach a resume, please complete the information not included on your resume.

Employer	From	Dates	To	Work Performed
Address	Starting Pay		Last Pay	
City, State	Phone	Job Title		
Supervisor		Reason for Leaving		

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REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

I certify that the information contained in this application for employment is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize investigation of all statements contained herein. I also authorize the references above to give you all information concerning my previous employment and any pertinent information, personal or otherwise, they may have. Except as may be noted in regard to my current employer. I authorize other sources to provide you all information concerning my background. I release all parties from liability for any damage that may result from furnishing same to you.

In consideration for my being considered for employment by DPOK, Inc., and in consideration for my employment, if hired, I agree to conform to the rules and regulations of DPOK, Inc. I acknowledge that DPOK, Inc.'s rules, regulations, benefits, and terms and conditions of employment may be changed, interpreted, withdrawn or added at any time, at DPOK's sole option, without any prior notice to me. I acknowledge that any offer of employment may be withdrawn by DPOK at any time without prior notice to me. I acknowledge that if I am hired, my employment status with DPOK is that of an employee-at-will, and that my employment may be terminated at any time, with or without prior notice, by me or by DPOK.

I understand that if I am hired no DPOK policy, rule, written or oral, changes my status as an employee-at-will. I understand that no representative of DPOK has the right or power to enter into an employment contract on behalf of DPOK with me or to make any agreement contrary to foregoing unless the contract is in writing and signed by the President/CEO of DPOK, Inc.

Signature of Applicant _____ Date _____