

Helpers, Inc.



12980 Metcalf Ave., Suite 200
Overland Park, KS 66213
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F: 913.322.9275
info@HelpersInc.org

Dear Prospective Helper,

We thank you for your interest in Helpers, Inc. The *first* step in the application process is to contact Helpers, Inc. for an initial telephone screening. *Second*, if an interview is scheduled, you will need to complete the following Application and Placement profile and bring them with you to your scheduled appointment.

Our office is located on the Northwest corner of 130th and Metcalf in Overland Park, Kansas. The physical address is 12980 Metcalf Ave., Suite #200, Overland Park, KS 66213. Please note that we office share with *The Jones Law Firm* and that this is what is written on the building directory and suite door. If you have any questions or concerns, please do not hesitate to contact us. Again, we are looking forward to speaking with you!

Sincerely,

The Helpers, Inc. Team

Helpers, Inc.



Application for Employment

Helpers, Inc., is an equal opportunity employer and does not discriminate on the basis for race, color, religion, sex, national origin, marital status, age, sexual orientation, gender identity characteristics, disability, medical condition, or U.S. Military or veteran status in the recruiting, hiring, and training.

Personal Information

Last name

First name

Address

City, State, Zip

Email

Phone

Are you at least 16 years old?

_____ Yes

_____ No

Have you been recruited by one of our families to provide services for their loved one with developmental disabilities?

_____ Yes

_____ No

If yes, which family? _____

Have you ever been convicted of a crime?

_____ Yes

_____ No

If yes, please give place, offense, and outcome. _____

Education

High school

City, State

Dates From To

Graduation Date

College, University

City, State

Dates From To

Graduation Date/ Degree/Major

Other training or skills (i.e. CNA, First Aid, CPR....)

Employment History

Present or most recent employer

Position

Address

Supervisor

City, state, zip

Phone

Ending wage

Dates of employment

Reason for leaving

Employment History 2

Employer

Position

Address

Supervisor

City, state, zip

Phone

Ending wage

Dates of employment

Reason for leaving

References (please give 3 business or professional references)

Name

Title

Phone

Name

Title

Phone

Name

Title

Phone

I hereby certify that the preceding information, the information on any resume I have submitted, and the information supplied during the interview process is true, correct, and complete to the best of my knowledge. I understand that false or misleading information or material omissions on the application, resume and/or during the interview process may disqualify me from further consideration for employment or be grounds for immediate termination. I authorize a thorough investigation of all information contained on this application including but not limited to my prior employment, conviction history, references, and educational background. I understand that the following background checks will be completed:

- Kansas Department of Social & Rehabilitation Services
- Child Abuse & Neglect Central Registry
- Adult Central Registry
- Kansas Department of Health and Environment
- Consumer Report Disclosure & Release (Employment)

Also, I hereby release from liability and responsibility all persons or corporations requesting or supplying such information. I understand that if I am offered employment, my employment relationship with Helpers, Inc., will be at will and that either Helpers, Inc. or I may terminate the relationship at any time for any reason.

Applicant signature:

Date:

Name: _____ Date: _____
Best Phone Number to reach you at: _____

Placement Profile

PLEASE NOTE: ANSWERS PROVIDED IN THE FOLLOWING SECTION WILL NOT BE USED TO DETERMINE EMPLOYMENT. THEY WILL BE USED FOR PLACEMENT PURPOSES ONLY IN CONSIDERING THE SPECIFIC NEEDS OF EACH FAMILY AND CHILD.

Availability:

In the space provided, please note your availability by day. For example: 3pm-8pm, 9am-5pm, any.

_____	_____	_____	_____
Monday	Tuesday	Wednesday	Thursday
_____	_____	_____	
Friday	Saturday	Sunday	

What is the number of hours that you are interested in working weekly? _____

Have you had exposure to individuals with developmental disabilities? ___ Yes ___ No

If yes, explain: _____

Do you smoke? ___ Yes ___ No

Are you comfortable assisting with the following tasks?

Community Outings	___ Yes	___ No
Social Development	___ Yes	___ No
Homework	___ Yes	___ No
Bathing	___ Yes	___ No
Toileting (diapers or depends)	___ Yes	___ No
Wheelchair	___ Yes	___ No
Transporting to Therapies	___ Yes	___ No
Life Skills	___ Yes	___ No

Is there anything else we may need to know to help make a placement for you? In addition to certifications or special training that will be helpful to know, please include information such as allergies, phobias, etc.

Would you like to be placed on an on-call list to be notified of opportunities to cover last minute needs of families in addition to your regular hours?

___ No ___ Yes-Vacations Only ___ Yes-All Year