



Senior Employment Program

APPLICATION

Applicants who are age 55 and older will be considered for placement opportunities without regard to race, color, religion, sex, national origin, marital status, veterans' status, disability or other legally protected status. Responses to the following questions, together with information received from references or background checks, will not be used as a basis of discrimination but will be judged on the relevance of the information to the placement you seek.

Certain information is collected for the purpose of reporting to funding sources.

Name _____ Date _____
Last First MI

SS# _____

Address _____
Street City Zip Code Phone

Date of Birth _____ Age _____ Sex _____ Email _____

Ethnicity: Caucasian _____ African American _____ Hispanic _____ Asian _____ Native American Indian _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

EMERGENCY CONTACT: _____ **PHONE NO.** _____

Have you been convicted of a felony or misdemeanor? Yes ___ No ___ Date & Place _____

Type of crime and sentence _____

Individuals with certain felony convictions are not permitted to be employed in private homes. The employer reserves the right to conduct criminal background checks.

Please give date of Last Employment (Month and Year) _____

RETIRED: YES ___ NO ___ IF SO, FROM WHERE _____

EDUCATION:

Years of formal education completed: High School _____ College _____

Months of vocational education _____ Other certification or training _____

Veteran _____ **Disabled Veteran** _____ **Non-Veteran** _____

Do you have any limitations or restrictions which may affect you on the job? Yes _____ No _____
Please explain _____

Do you consider this limitation a barrier to employment? Yes _____ No _____

How did you learn about the Senior Employment Program?

Personal contact _____ Formal Presentation _____ Other _____ Newspaper _____ TV _____

Do you prefer to work in Business _____ or In-Home Services _____? (Please check one or both.)



SENIOR EMPLOYMENT PROGRAM

APPLICATION FOR PLACEMENT

**SELF IDENTIFICATION FOR PURPOSE OF REPORTING
STATISTICS TO FUNDING SOURCES**

Name (please print) _____ Date: _____

As a recipient of government funds, we are required to comply with various requirements that require us to file annual statistical reports on applicants for the Senior Employment Program. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

Age: 55-64 65-69 70-74 75-84 85 years and older

Ethnic Background: American Indian Asian/Pacific Islander African American (black)
 Hispanic Caucasian (white, not Hispanic)

Gender: Female Male

Residence: Inside Wichita city limits Sedgwick County (non-Wichita) Other:

Below federal poverty income level: Non-minority Low-income Minority, low-income

Disabled: Disabled Not Disabled

Veteran Status: Veteran Disabled veteran Non-veteran

Please check the line that YOUR MONTHLY INCOME falls at or below and indicate the number of people in your family.

\$ 908 # of family members _____

\$ 1863 # of family members _____

\$ 1226 # of family members _____

\$ 2181 # of family members _____

\$1544 # of family members _____

\$ 2499 # of family members _____

\$ 2500 # of family members _____

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Senior Employment Program

SENIOR EMPLOYMENT GRIEVANCE PROCEDURE

It is the intent and purpose of the Senior Employment Program to provide proper assistance, treatment, consideration, and/or services to all participants. The following outline should be followed by clients who feel they are not being served appropriately:

1. The participant should contact the Job Placement Specialist, explain their problem, and see if steps can be taken to alleviate their concern.
2. If the participant does not feel that progress was made, they can then request that a meeting be held between themselves, the JPS, and the Project Supervisor.
3. Should the situation still not be resolved to the client's satisfaction, they should then appeal to the Executive Director.
4. Finally, should the situation continue to be unresolved, appeal can be made to the Department of Commerce, Topeka, Kansas.

To facilitate your appeal, it is preferable that appeals be made within three (3) working days of the original occurrence, and three (3) days consecutively following each step being followed. Response by Senior Employment Program to each step should be made within five (5) working days.

The following information is the process by which appeals should be directed:

1. Senior Employment Director, Senior Services, Inc., 200 S. Walnut, Wichita, KS 67213; (316)267-1771
2. The Executive Director, Senior Services, Inc., 200 S. Walnut, Wichita, KS 67213; (316)267-0302.
3. Kansas Department of Commerce, 1000 SW Jackson Street, Suite 100 Topeka, KS 66612-1354 Phone: (785)296-7842 Fax: (785) 291-3512

I hereby certify that I have received a copy of the Senior Employment Grievance Procedure.

NAME: _____

DATE: _____