Please complete these forms and leave in packet. DO NOT TAKE FROM AREA!

Name (Print): _____

Adjutant General's Department - State Application Supplement

Please complete sections A, B and C. If you have any questions please request assistance. Use backside if necessary.

A. Recruitment Information

How did you first learn about this position?

1. ____ Newspaper: **Name**_____
2. ____ State Vacancy List
3. ____ Internet State Vacancy List
4. ____ Employee(s): **Name(s)** _____
5. ____ Job Service Center
6. ____ Other: **Specify** _____

B. Reference Check Information

(Start with your present employer. Go back three jobs or 10 years, which is greater. Use backside if necessary.)

Employer	Supervisor's Name	Supervisor's Phone	Dates Supervised
1.			
2.			
3.			
4.			

Are there any references listed that you do not want contacted? _____. If so, list the employer by number(s), state your reason and indicate how a reference for that job(s) could be obtained. *(Use backside if necessary.)*

Have you ever worked for a State Agency? (i.e. Dept of Revenue, University of Kansas) Yes_____ No _____

C. Nepotism Statement

Kansas law [K.S.A. 46-246(a)] and regulation [K.A.R. 19-40-4] prohibit the employment, appointment, promotion or transfer of an individual if, as a result of such action, the person would supervise, receive supervision from, or have the opportunity to affect employment conditions of, a member of the person's family or household.

- **Family members include**: spouses, parents, children or siblings-including prefixes 'half' and 'step'; 'step' parents and children; foster children; uncles, aunts, nephews and nieces; grandparents, great grandparents, grandchildren and great grandchildren; or parents, children or siblings related by marriage ('in-laws').
- **Household members include**: persons having legal residence in or living in the person's place of residence.

a) _____ I do not have any relative or household member presently employed by the Adjutant General's Department.

b) _____ The following people are family and/or household members employed by the Adjutant General's Department.

Employee	Relationship	Location of Employee(s)
1.		
2.		
3.		

The above information is true and complete to the best of my knowledge. Failure to disclose relationships may result in disqualification for employment or discharge from employment with the Adjutant General's Department.

Signature/Date: _____

Authorization Of Release Of Employment Information To The Adjutant General's Department

I, _____ ,
(Print full name, including other names under which you have worked.)

authorize _____

to release to The Adjutant General's Department any information requested by them for the purpose of evaluating me for possible employment.

In doing so, I hereby release all individuals and organizations from any liability, who in good faith, provide information to The Adjutant General's Department concerning my occupational competence, character and other qualifications for employment purposes, and I hereby consent to the release of such information to the Adjutant General's Department.

Photocopies of this document will be as binding as the original.

_____ _____
Signature/Date Social Security Number

Security Clearance Requirement for CAC Cards

In order to ensure the safety and security of the missions, programs, property and employees of the Adjutant General's Department individuals will be given conditional offer of employment; employees and volunteers will obtain and/or maintain the appropriate security clearance required for their respective status and position. Failure to do so will result in rescinding job offers and/or separation.

In accordance with interim guidance issued by the Office of the Under Secretary of Defense, the head of a Federal agency may not grant or renew a security clearance to individuals who:

- Have been convicted of a crime and incarcerated for one year or more,
- Have been discharged or dismissed from the Armed Forces under dishonorable conditions; or
- Are determined to be mentally incompetent, as determined by competency proceedings conducted in a court or administrative agency with proper jurisdiction.

List of Adjudication Guidelines: The careful weighing of a number of variables known as the whole person concept

- Allegiance to the United States;
- Foreign Influence;
- Foreign Preference;
- Sexual Behavior - of a criminal nature;
- Personal Conduct – truthful, trustworthiness, credible;
- Financial Issues – inability or unwillingness to satisfy debts, unexplained affluence;
- Alcohol Consumption Issues;
- Drug Involvement;
- Psychological Conditions – judgment, reliability, emotional stability;
- Criminal Conduct;
- Handling Protected Information;
- Outside Activities – related to foreign or international activities;
- Use of Information Technology Systems.

List of Mitigating Factors: The ability to determine that the person is an acceptable security risk

- The nature, extent, and seriousness of the conduct;
- The circumstances surrounding the conduct, to include knowledgeable participation;
- The frequency and recent action of the conduct;
- The individual's age and maturity at the time of the conduct;
- The extent to which participation is voluntary;
- The presence or absence of rehabilitation and other permanent behavioral changes;
- The motivation for the conduct;
- The potential for pressure, coercion, exploitation, or duress; and
- The likelihood of continuation or recurrence.

CACs must be renewed every three (3) years. FBI Fingerprints must be renewed every five (5) years.

The State Human Resource Office will be responsible for this policy for State employees and volunteers for non-military sections of the agency. The State Comptroller's Office will be responsible for this policy for State contractors.

All employees, volunteers (State) and/or contractors (State) must self report to their respective Security Manager any arrests and /or convictions within one working day of the event. Failure to do so may result in immediate dismissal/separation. The respective Security Manager will review relevant information with the respect to the guidelines listed above and make a determination as to retaining the individual or recommending separation. Any recommended separations will also be reviewed before a final recommendation as to the individual's continued employment or association with the agency.

All candidates for employment are required to acknowledge that they have been advised of the security clearance requirement for State employees, volunteers and contractors with the Adjutant General's Department.

Candidate/Employee Acknowledgement

I acknowledge that I have been informed of the Security Clearance Requirements for the Adjutant General's Department and am aware of the mitigating factors and the circumstances of not obtaining the necessary clearance for the position hired.

_____ _____

Print Candidate Name (Signature) Date

_____ _____

Print Employee Name (Signature) Date

Human Resource Office Date

SHRO-2009\ Rev. 11/03/09

State of Kansas Tax Clearance Information Form for Candidates and New Hires

- All citizens of the State of Kansas are expected to fulfill their responsibility to pay their share of state taxes. Through education, enforcement of tax laws, and identification of noncompliance, equal treatment of all taxpayers is ensured. Public trust in state government is strengthened when public servants understand and fulfill their responsibility to pay their share of state taxes. The State of Kansas Tax Clearance Program for New Hires is authorized by Executive Order No.2004-03 signed by Governor Kathleen Sebelius for implementation June 6, 2004.
- Pursuant to Executive Order No. 2004-03, all new employees hired by participating state agencies shall be subject to a tax clearance check.
- Employees of the legislative and judicial branches of state government, employees of elected officials, and students employed by Board of Regents institutions shall not be subject to the tax clearance check for hiring purposes.
- A tax clearance check shall not delay or prevent the hiring of any candidate for employment.
- A tax clearance check consists of a review of the records maintained by the Kansas Department of Revenue for purposes of determining whether an employee is current in the filing of tax returns, payment of tax liabilities and otherwise in compliance with Kansas tax statutes. All information provided to the Department of Revenue shall be confidential. The Department of Administration will electronically submit the hiring information on the new employees to the Department of Revenue.
- If the review of a new employee's tax account(s) indicates that an outstanding tax liability exists or that the new employee is otherwise not in compliance with Kansas law, the employee shall be notified that the tax clearance has been denied. Upon receiving notification of denial the employee shall be required to resolve any outstanding tax liability and correct any form of noncompliance.
- A denial letter does not necessarily mean the employee has done anything wrong or has a tax liability. It simply means the employee should contact the Department of Revenue.
- An outstanding tax liability may be resolved either by payment in full of the balance due or establishment of an installment payment agreement with the Department of Revenue. For Tax Assistance please contact the Department of Revenue at 1-785-368-8222.
- Employees who fail to cooperate with the Department of Revenue in resolving outstanding tax liabilities, including the failure to remain current in making installment payments, shall be referred to the Department of Administration debtor setoff program, under which 25% of an employee's net pay may be offset to satisfy outstanding Kansas tax liabilities. In addition, a collection fee of 17% will be added to the balance.
- All candidates for employment are required to acknowledge that they have been advised of the tax clearance requirement for employees of participating state agencies.

Candidate/Employee Acknowledgement

I acknowledge that I have been informed of the Tax Clearance Program for the State of Kansas and am aware of the requirements for payment, if applicable.

_____ _____

Candidate Name (Signature) Date

_____ _____

Employee Name (Signature) Date

_____ _____

Human Resource Office Date

DA-2004a\
Rev. 05/12/04