I understand that the position for which I am applying requires a security clearance and that a background check of state and/or federal records is required. Background check results must be received before a security clearance may be granted. I acknowledge that I have read a copy of KDADS' HR Policy titled 8.9 Security Clearance: Background Checks (Policy 8.9) adopted by my potential employer and that I have been given an opportunity to ask an HR representative any questions I may have concerning Policy 8.9. I hereby authorize a state and/or federal records check for the prohibited crimes and conduct described in Policy 8.9. I voluntarily WAVE ALL RIGHTS OF RECOURSE against the state of Kansas Department for Aging and Disability Services, and its employees from all liability in processing my application for security clearance and background check. I affirm that the information given on this form is TRUE AND COMPLETE to the best of my knowledge. I understand that deliberate FALSE STATEMENTS OR MISREPRESENTATIONS could be considered grounds for rejection of my application and could be considered CAUSE FOR IMMEDIATE DISMISSAL, if employed. I understand that if selected for any other position requiring security clearance, the CONVICTION OF A PROHIBITED CRIME, OR OTHER PROHIBITED CONDUCT may subject me to IMMEDIATE DISMISSAL. Furthermore, I understand that once I am employed I am required to notify Human Resources any time I am charged with or convicted of a prohibited crime and that my failure to do so may subject me to IMMEDIATE DISMISSAL. By my signature, I acknowledge and accept these terms as CONDITIONS OF EMPLOYMENT.

 Signature of Applicant Date

 Printed Name of Applicant