

REQUEST FOR WAIVER OF EMPLOYMENT DISQUALIFICATION

UNDER K.S.A. 39-970, K.S.A. 65-5117, & K.S.A. 39-2009

(Please carefully read and correctly answer the questions below. Each question must be answered. Your signature below penalizes false answers with a perjury.)

PLEASE NOTE: YOU MUST PROVIDE THE COURT DOCUMENT JOURNAL ENTRY OF COMPLETION OF SENTENCE. FAILURE TO PROVIDE THE DOCUMENTATION WILL RESULT IN THE APPLICATION NOT BEING REVIEWED/ PROCESSED.

Person completing this form: _____ (print name)

Waiver applicant: _____ (print name)

Date of birth for waiver applicant: ____/____/____

Mailing address of waiver applicant: _____

Electronic mail (email) of applicant: _____

Social Security Number of applicant: _____

Telephone number applicant can be reached: _____

Please check method on delivery of KDADS response:

U.S. mail _____, or electronic mail (email) _____

1 What date did you receive the employment disqualification from the Department?

____/____/____

2 Are you currently employed at the facility? Yes or No

3 What date were you hired? ____/____/____

4 State the offense(s), and the year of conviction(s) for which you are requesting to waive:

5 When was the sentence or sentences completed? (*Sentence completed means the entire term of incarceration imposed by the sentence, including any term of deferral, suspension, parole, probation, diversion, community correction, fines, fees, restitution, or other terms of sentencing*)?

____/____/____

6 In your own words please state why a waiver should be granted?

My signature below signifies that the information on this form is true and false information provided by me is punishable under penalty of perjury.

Signature

Printed name

Date

K.S.A. § 21-5903; K.S.A. § 53-601.