



Robert J. Kinsey Youth Center

APPLICATION FOR EMPLOYMENT

TO APPLICANT: The Robert J. Kinsey Youth Center is an equal opportunity employer. Please furnish complete and accurate information. It is important for you to answer all questions. Any question that does not apply must be answered with **N/A** or **none**. Incomplete applications will not be considered.

A resume detailing your professional, educational, and social activities is requested for submission as part of this application. If there are any other experiences, skills, or qualifications, which you feel would enhance your application; you may attach an additional sheet of paper with the information.

It is the policy of this Agency to consider all applicants for employment based on their qualifications. This Agency fully complies with all applicable laws, which prohibit discrimination on the basis of race, color, religion, sex, national origin, age, political affiliation, military, or disability status. No question within this application is intended to secure information to be used for unlawful discrimination.

You may be required to pass a drug screen test as part of this application process. The safety of our current and future employees is paramount. This Agency intends for the workplace to be a drug-free environment.

We are pleased that you have taken the time to apply for employment with this Agency. The Robert J. Kinsey Youth Center offers to the individual challenging and self-rewarding work opportunities.

DISCLAIMER

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

2. It is my understanding that RJKYC will make a thorough investigation of my entire work history and may verify all data given by my application for employment, related papers, or oral interviews. I authorize such investigation and in giving and receiving of any information requested by RJKYC and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.

3. I agree that my employment may be terminated by this department at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime shift work, a rotating work schedule, or a work schedule other than Monday through Friday (weekends). I understand that RJKYC is a twenty-four hour a day, and three hundred sixty-five days a year operation and accept these conditions of my continuing employment.

IMPORTANT

5. I further understand that this is an application for employment and that no employment contract is being offered.

6. I understand that if I am employed, such employment is for (no definite period of time) and that the RJKYC can change wages, benefits and conditions at any time.

DATE: _____

SIGNATURE _____

PRINT NAME _____

ROBERT J. KINSEY YOUTH CENTER

*** MINIMUM QUALIFICATION-REQUIREMENTS ***

1. AN APPLICANT MUST HAVE REACHED HIS OR HER TWENTY-FIRST (21) BIRTHDAY.
2. APPLICANT SHALL BE A HIGH SCHOOL GRADUATE AS EVIDENCED BY A DIPLOMA ISSUED BY A HIGH SCHOOL ACCREDITED BY THE DEPARTMENT OR AGENCY OF A STATE AUTHORIZED TO ACCREDIT HIGH SCHOOLS. AN EQUIVALENCY DIPLOMA (G.E.D.) ISSUED BY SUCH AN ACCREDITED HIGH SCHOOL IS ACCEPTABLE.
3. THE APPLICANT SHALL POSSESS A VALID DRIVING LICENSE FROM THE STATE OF RESIDENCE.
4. APPLICANTS SHALL NOT HAVE BEEN CONVICTED OF A FELONY PURSUANT TO THE APPLICANTS SHALL NOT HAVE BEEN CONVICTED OF A FELONY PURSUANT TO THE "INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL, CHAPTER 13: ADMINISTRATION OF CHILD WELFARE, SECTION 4: EVALUATION OF BACKGROUND CHECKS FOR DCS CONTRACTORS".
5. THE ROBERT J. KINSEY YOUTH CENTER REQUIRES A LIMITED CRIMINAL HISTORY AND CPS HISTORY CHECK TO BE RUN ON ALL APPLICANTS. PLEASE COMPLETE **SECTIONS 3 AND 4 OF THE; "REQUSET FOR LIMITED CRIMINAL HISTORY INFORMATION"** FORM ATTACHED TO THIS PACKET WITH YOUR NAME, ADDRESS, DATE OF BIRTH, SEX, RACE AND SOCIAL SECURITY NUMBER. PLEASE ALSO COMPLETE **SECTION B; "INDIANA REQUERST FOR A CPS HISTORY CHECK"** WITH YOUR NAME, GENDER, ADDRESS, DATE OF BIRTH, RACE, SOCIAL SECURITY NUMBER, COUNTIES AND ALIASES. THE REQUESTS MUST ALSO HAVE **YOUR SIGNATURE** FOR IT TO BE PROCESSED.
6. APPLICANT MUST BE ABLE TO PASS A WRITTEN APTITUDE TEST, A THOROUGH BACKGROUND INVESTIGATION, AND AN ORAL INTERVIEW.
7. APPLICANT MUST BE ABLE TO PASS A SEXUAL RISK SCREENING; "DIANA SCREEN".
8. ALL APPLICANTS ARE REQUIRED TO ASSIST AND COOPERATE WITH THE ROBERT J. KINSEY YOUTH CENTER IN OBTAINING PAST EMPLOYMENT RECORDS, MEDICAL RECORDS, OR PERSONAL HISTORY INFORMATION.

INSTRUCTIONS

1. READ EACH ITEM CAREFULLY.
2. THIS FORM MUST BE TYPED OR PRINTED NEATLY IN INK.
3. ALL ITEMS MUST BE COMPLETED AND NECESSARY DOCUMENTATION INCLUDED.
4. IF ADDITIONAL SPACE IS NEEDED, USE THE SUPPLEMENTAL PAGE AT THE END OF THE FORM REFERENCING EACH ITEM.
5. THE COMPLETED FORM MUST BE RETURNED TO THE ROBERT J. KINSEY YOUTH CENTER, AS INSTRUCTED.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. FAILURE TO COMPLY WITH INSTRUCTIONS AND POLICY REGARDING THIS PHASE OF THE APPLICANT SCREENING PROCESS WILL RESULT IN THE REJECTION OF THE APPLICANT.
2. FAILURE TO ACCURATELY AND TRUTHFULLY COMPLETE THIS FORM WILL RESULT IN THE REJECTION OF THE APPLICATION.
3. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETE ADDRESSES, TELEPHONE NUMBER AND ZIP CODES. IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE ROBERT J. KINSEY YOUTH CENTER OFFICE AT OFFICE AT (756) 457-1408.

ROBERT J. KINSEY YOUTH CENTER CONSENT FOR TESTING

BY SIGNING BELOW, I AGREE, IF CHOSEN, TO PARTICIPATE IN AND COMPLETE THE TESTING REQUIRED FOR EMPLOYMENT WITH THE ROBERT J. KINSEY YOUTH CENTER. I UNDERSTAND THAT I WILL BE TAKING A COMPETENCY TEST AND THE DIANA SCREEN. I UNDERSTAND THAT THE DIANA SCREEN IS A SEXUAL RISK SCREENING TEST. I UNDERSTAND THAT I WILL BE GIVING CONSENT FOR MY ANSWERS, WITHOUT MY NAME OR IDENTIFYING INFORMATION, TO BE COLLECTED FOR RESEARCH PURPOSES TO PROTECT CHILDREN. I UNDERSTAND THAT:

My answers to the questions will NOT be seen by anyone at this organization.

My Diana Screen test will be identified by a number only. My name will not appear.

My pass/fail results will be used as part of the Robert J. Kinsey Center's decision on whether I may be employed or volunteer.

My answers will go to Abel Screening Inc. in Atlanta, GA for scoring.

Abel Screening Inc. will use my answers without my name for research to protect children.

Signature: _____ Date: _____

ROBERT J. KINSEY YOUTH CENTER
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

All statements made by the applicants of employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, martial or veteran's status, gender, national origin, disability, or any other legally protected status.

PERSONAL INFORMATION

Name _____ Home phone _____

Present Address _____ Cell phone _____

Email _____

Social Security Number _____ / _____ / _____ Age 21 or over? ____ Yes ____ No

Do you have the legal right to work in the United States? Yes _____ No _____

If not, why? _____

Do you have a relative currently working at the Robert J. Kinsey Youth enter? ____ Yes ____ No

If "yes", please list name/s

Position(s) applied for _____

How soon could you report to work? _____

Type of employment: ____ Full time ____ Part time ____ Temporary

What days and hours if part time? Days _____ Hours _____

EDUCATION

Name and Address of High School:

Graduated: _____ Yes _____ No

Name and Address of College:

Years Completed: 1 2 3 4 Degree: _____

Other Certificates and Training:

DRIVER'S RECORD

List all vehicle operator's licenses you now hold or have held.

TYPE:

List all traffic citations you have received in the past three (3) years:

DATE

LOCATION

CHARGE

Has your driver's license been suspended or revoked? _____ Yes _____ No

If yes, explain: _____

PERSONAL HISTORY

Have you applied for a job with us before? _____ Yes _____ No

Have you ever worked for us before? _____ Yes _____ No

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

If yes, branch? _____ Date Entered _____ Date Discharged _____

Have you ever been convicted of a felony that has not been expunged or sealed?

Yes _____ No _____ If yes, please explain:

Do you have an arrest record that has not been expunged or sealed? Yes _____ No _____

If yes, please explain:

Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes _____ No _____ If yes, please explain (including jurisdiction of registry):

Are you employed now? Yes _____ No _____

If so, why do you desire to make a change?

Have you ever held a position of trust (handling money or confidential) material? Yes ___ No ___

EMPLOYMENT HISTORY

Beginning with your PRESENT or most recent employer, list your last 10 years of employment. Describe **in detail** your specific duties beginning with your primary duties. (Attach additional sheets if necessary). Explain all gaps in employment.

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

If this is your current employer may we contact them? _____ Yes _____ No

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Employer _____ Address _____

Job Title _____ Supervisor's Name and Title _____

Telephone _____ Beginning Salary _____ Ending Salary _____

From (Month/Year) _____ To (Month/Year) _____

Describe your duties in detail _____

Please provide any additional information such as special skills, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

REFERENCES

(Do not list relatives or former employers)

Name _____ Address _____

Telephone _____ Cell phone _____

Email _____

Name _____ Address _____

Telephone _____ Cell phone _____

Email _____

Name _____ Address _____

Telephone _____ Cell phone _____

Email _____

(Professional References)

Company/Organization _____ Name: _____

Address _____

Telephone _____ Cell phone _____

Email _____

Company/Organization _____ Name: _____

Address _____

Telephone _____ Cell phone _____

Email _____

Company/Organization _____ Name: _____

Address _____

Telephone _____ Cell phone _____

Email _____

Limitations of controlled substance use:

No delivery for monetary or material gain.

No use of any type controlled substance one (1) year prior to placement of application.

I agree to submit to a drug-screening test. _____ Yes _____ No

Do you agree to submit to being fingerprinted? _____ Yes _____ No

Is there any information not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain.

THIS PAGE MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE CONSIDERED:

PLEASE PROVIDE A BRIEF NARRATIVE EXPLAINING YOUR REASON FOR SEEKING EMPLOYMENT WITH THE ROBERT J. KINSEY YOUTH CENTER.

JOB APPLICANTS AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Robert J. Kinsey Youth Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Robert J. Kinsey Youth Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Robert J. Kinsey Youth Center retains the same right."

"I understand that prior to being offered employment with Robert J. Kinsey Youth Center I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform Robert J. Kinsey Youth Center prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Robert J. Kinsey Youth Center reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

Signature of Applicant

Date

ROBERT J. KINSEY YOUTH CENTER, ADMINISTRATIVE OFFICE

701 S. BERKLEY RD.

KOKOMO, IN 46901

Office: (765) 457-1408

FAX: (765) 454-9990

<http://www.howardcoin.gov/kinsey>