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 REFFERENCING 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 APPILICATION.
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 CHOOSEN, TO PARTICIPATE IN AND COMPELTE THE TESTING REQUIRED FOR EMPLOYMENT WITH THE ROBERT J. KINSEY YOUTH CENTER. I UNDERSTNAT THAT I WILL BE TAKING A COMPETENCY TEST AND THE DIANA SCREEN. I UNDERTAND 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 REASERCH 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.

_____

_____

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_____

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, ADMNISTRATIVE OFFICE

701 S. BERKLEY RD.

KOKOMO, IN 46901

Office: (765) 457-1408

FAX: (765) 454-9990

http://www.howardcoin.gov/kinsey

INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* ***PLEASE NOTE:*** *If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs . On the left hand side of the page, click on Contact Us, and then click on Local.*

SECTION A – *TO BE COMPLETED BY REQUESTING ORGANIZATION*

1. Legal first name of applicant	Legal middle name of applicant *(If none, indicate "no middle")*	Last name of applicant

2. Reason for history check *(check all that apply)* *
☐ Foster care ☐ Adoption ☐ Employment ☐ Volunteer ☐ Unlicensed relative placement ☐ Other *(please explain)* _____

3. Type of requesting organization
☐ Agency Licensed by Indiana Department of Child Services *(insert name of agency)* _____
☐ Agency Contracted/Subcontracted by Indiana Department of Child Services *(insert name of agency)* _____
☐ Other *(insert name of requestor)* _____

4. Name of contact person for organization	5. Telephone number *(include area code)*	6. Fax number *(include area code)*
	( )	( )

7. Mailing address of organization *(number and street, city, state, and ZIP code)*	8. E-mail address of requestor

SECTION B – *TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE*

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. **This authorization is valid for sixty (60) days from the date of consent below.**

9. Signature of applicant or applicant's legal representative	10. Relationship to applicant	11. Date signed *(mm/dd/yyyy)*	12. Gender of applicant ☐ Male ☐ Female

13. Typed or printed name of applicant or applicant's legal representative *(as signed in #9)*	14. Date of birth of applicant *(mm/dd/yyyy)*	15. Race of applicant

16. Current residential address of applicant *(number and street, city, state, and ZIP code)*	17. Last four digits of applicant's Social Security Number *(List all numbers ever used.)* XXX-XX- _____

18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain *(use additional paper if necessary)*.

County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		

19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? ☐ Yes ☐ No *If yes, complete 19a through 19e. If no, please stop.*

Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.

19a. Maiden name *(if ever married) (first, middle, and last name)*	19b. Other last name(s)
19c. Nickname or shortened first name	19d. Pre-adoptive name or other alias name / how used

19e. Other alias name / how used

SECTION C – *TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY* *(Complete 20, 21, & 23-27; complete 22 when applicable.)*

20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? ☐ Yes ☐ No ☐ N/A – Minor, Employee, or Volunteer

If yes, was there ever any negative action taken on the foster care application or license? ☐ Yes ☐ No

If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.

21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? * ☐ Yes ☐ No

* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.

22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.
☐ If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.

23. Signature of staff member completing check	24. Title of staff member completing check	25. Date *(mm/dd/yyyy)*

26. Printed name of staff member completing check	27. Indiana Department of Child Service office completing check
	_____ County Local Office / Central Office Background Check Unit

APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R7 / 3-16)
DEPARTMENT OF CHILD SERVICES

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

INSTRUCTIONS:

1. *Sections 1 and 2 to be completed by the Department of Child Services (DCS), residential facility, licensed child placing agency (LCPA) or DCS contract agency personnel.*
2. *Sections 3 through 4 to be completed by the subject of the background check for age eighteen (18) years or older.*
3. *Copies of the completed form may be submitted to the local Law Enforcement Agency (LEA) for completion of this required check. The LEA will complete the bottom of the form and return to the requestor listed in Section 1.*
4. *Original is to be filed in the appropriate file of the requestor.*
5. ***Please print in all capital letters. All fields are mandatory and must be completed.***

SECTION 1 – REQUESTING AGENCY INFORMATION

Name of local office or requesting agency	Date *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*	
Name of staff member completing this form	If applicable, name of associated resource home

Telephone number ( )	Fax number ( )	E-mail address

SECTION 2 – REASON FOR BACKGROUND CHECK *(Check appropriate box.)*

1. **DCS out of home unlicensed placement:**
   - ☐ a. Emergency placement *(A triple I name based check will be completed prior to placement with National and State fingerprinting completed within the required time frame if placement occurs.)*
   - ☐ b. Non-emergency placement *(Placement will not occur until National and State fingerprinting results are returned, evaluated, determined qualified or a criminal history waiver is granted.)*
2. **Foster Family Home Licensing** ☐ a. New / Relicense ☐ b. Annual Review ☐ c. Existing HH member now eighteen (18) years ☐ d. New HH member
3. **Adoption:** ☐ a. Pre adoptive child under DCS Supervision ☐ b. SNAP adoption or Private Adoption seeking AAP
4. **Employment:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor
5. **Volunteer / Unpaid Intern:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor

SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

Full legal name *(first, middle, last)*			
Previous names *(maiden, alias, previous married, pre-adoptive, nicknames)*			
Date of birth *(month, day, year)*	Social Security Number *	Gender ☐ Male ☐ Female	Race
Current address *(number and street, city, state, and ZIP code)*			
Home telephone number ( )	Cellular number ( )	E-mail address	

List all cities / counties / states resided in for past five (5) years, with dates of residence *(month, day, year)*

Do you have a current protective order filed against you or do you have a protective order filed against someone else? ☐ Yes ☐ No

If yes, please explain.

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. Have you been arrested, charged, or convicted of:
   - a. A felony that has not been expunged by a court? ☐ Yes ☐ No
   - b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court? ☐ Yes ☐ No
2. Have you been arrested, charged, or convicted of:
   - a. A felony that has not been expunged by a court while the licensing action / application has been pending? ☐ Yes ☐ No
   - b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court while your licensing action / application was pending? ☐ Yes ☐ No

SECTION 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for one (1) year from the date of this application.

I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct.

Signature	Printed name	Date of application *(month, day, year)*

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above.

A search by _____ revealed that there ☐ WAS (records attached) ☐ WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date *(month, day, year)*
Title	E-mail address	Telephone number ( )