

NOTICE

TO: ALL KINSEY YOUTH CENTER APPLICANTS

RE: PROCEDURE FOR APPLICATION

MINIMUM REQUIREMENTS FOR EMPLOYMENT WITH THE ROBERT J. KINSEY YOUTH CENTER:

21 YEARS OF AGE

HIGH SCHOOL DIPLOMA OR GED

VALID INDIANA DRIVERS LICENSE WITH THE ABILITY TO OBTAIN VALID PUBLIC PASSENGERS/CHAUFFEURS LICENSE

The application process at the Robert J. Kinsey Youth Center is multi-phased. Each phase must be completed successfully before continuing to the next phase.

PHASE 1 – COMPLETION OF APPLICATION

All applications for employment must be completed in their entirety. This includes complete addresses and telephone numbers for references and all previous employers. Persons other than family members are acceptable personal references. Family members may be used as reference only if they have also been your employer. Applications must be written in own handwriting or may be typed.

ALL INCOMPLETE APPLICATIONS WILL BE DISCARDED.

The completion of an application does not insure an interview. Your application will be kept on file for a period of six (6) months. Applications can be updated or renewed for an additional six months by telephone. Please call 457-1408 between the hours of 9:00 AM and 3:00 PM, Monday thru Friday to update your application.

PHASE 2 – RETURN OF REFERENCES AND LIMITED CRIMINAL HISTORY REQUEST

The Robert J. Kinsey Youth Center will contact the people you have listed as personal and employer references. Your application for employment will not be processed further until all references have been returned to us. The Robert J. Kinsey Youth Center requires a limited criminal history to be run on all applicants. Please complete the “REQUEST FOR LIMITED CRIMINAL HISTORY INFORMATION” form attached to this packet with your name, address, date of birth, sex, race, and social security number. The request must also have your **signature** for it to be processed.

PHASE 3 – PANEL INTERVIEW

PHASE 4 – PSYCHOLOGICAL TESTING

PHASE 5 – SUCCESSFUL COMPLETION OF A THREE-DAY ORIENTATION CLASS AND THE ON THE JOB TRAINING CHECKLIST

ROBERT J. KINSEY YOUTH CENTER

RELEASE AUTHORIZATION

In connection with my application for employment with the Robert J. Kinsey Youth Center, I understand that a reference report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning criminal history from various state and private sources along with other available public records.

I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, or previous employer to be contacted by the Robert J. Kinsey Youth Center to furnish the above mentioned information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release authorization shall be as valid as the original.

I hereby release the Robert J. Kinsey Youth Center, its' employees and agents, all persons, agencies, and entities providing information or reports about me, from any and all liability arising out of the request for or release of any such information or reports.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R4 / 7-11)
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:**
- 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.
 - Sections 3 through 4 to be completed by the subject of the background check.
 - When the reason for the check is emergency placement within twenty-four (24) hours of completion of the National Name-Based Check by DCS through the Indiana State Police (ISP), a copy of the completed application must be submitted to ISP, Data Operations, via fax at (317) 233-3057.
 - 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.
 - Original is to be filed in the appropriate file of the requestor.
 - 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 | | |
| Telephone number () () () | Fax number () () () | E-mail address |

SECTION 2 – REASON FOR BACKGROUND CHECK (check appropriate box)

| | | | | | |
|----------------------------|---|---|--|--|---|
| 1. DCS related placements: | <input type="checkbox"/> a. Emergency placement | <input type="checkbox"/> b. Non-emergency placement | <input type="checkbox"/> 2. Foster family home licensing | <input type="checkbox"/> 3. Adoption | |
| 4. Employment: | <input type="checkbox"/> Group home | <input type="checkbox"/> Residential facility | <input type="checkbox"/> LCPA | <input type="checkbox"/> 5. Contractor | <input type="checkbox"/> 6. Volunteer / unpaid intern |

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 <input type="checkbox"/> Male <input type="checkbox"/> Female | Race |
| Current address (number and street, city, state, and ZIP code) | | | |
| Home telephone number () () () | Cellular number () () () | E-mail address | |
| List all counties / states resided in for past five (5) years, with dates of residence | | | |
| Are you 14 – 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fingerprints are not required.</i> | | | |
| Pursuant to IC 31-27, I affirm that the answers to the following questions are true: | | | |
| 1. Have you been convicted of a felony or misdemeanor relating to the health and safety of children? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been charged with a felony or misdemeanor relating to the health and safety of children while your licensing application was pending? | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 ninety (90) days 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) |
| Signature of parent, if under eighteen (18) years of age | 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 () () () |



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK
 State Form 52802 (R4 / 1-11) / 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) * | | | | | |
| <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____ | | | | | |
| 3. Type of requesting organization | | | | | |
| <input type="checkbox"/> Agency licensed / contracting with Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> State Social Service Agency, other than Indiana (insert name of state) _____ <input type="checkbox"/> Other (insert name of company / 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 <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 13. Typed or printed name of applicant or applicant's legal representative (as signed above) | | | 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 | |
| XYZ County | | 02/1992 | Current | 18a. | |
| 18b. | | | | 18c. | |
| 18d. | | | | 18e. | |
| 19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete 19a through 19e. If no, please stop.</i> | | | | | |
| <i>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.</i> | | | | | |
| 19a. Maiden name (if ever married) | | | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer | | | If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> 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 | | |

ROBERT J. KINSEY YOUTH CENTER
701 South Berkley Road
Kokomo, Indiana 46901-5151
(765)457-1408 Fax (765) 454-9990

"EQUAL OPPORTUNITY EMPLOYER"

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETE TO BE CONSIDERED

PERSONAL INFORMATION

DATE: _____

SS# ____ - ____ - ____ Date of Birth ____/____/____ Male ____ Female ____

Name _____
Last First Middle Maiden

Present Address _____

Telephone Number (s) _____

Position Desired _____ When would you be available? _____

Are you currently employed? _____ May we call your present employer? _____

Have You ever been in our employe before? _____ When? _____

FOR A CLERICAL POSITION:

Typing Speed _____ WPM Computer Experience? _____

Previous arrest record ____Y ____N Valid Drivers License? ____Y ____N

Previous driving violations? ____Y ____N Date of violations: _____

Veteran? ____Y ____N Member of National Guard or Reserves? _____

EDUCATION

| | Name/Location | Dates Attended | Grad? | Major? |
|-----------------------------------|---------------|----------------|-------|--------|
| HIGH SCHOOL | | | | |
| HIGH SCHOOL EQUIVALENT | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS CORRESPONDENCE | | | | |

PAST

EMPLOYMENT: List last four employment positions, most recent first.

| Dates Employed | Name/Address/Phone# of Employer | Position | Supervisor | Reason for Leaving |
|----------------|---------------------------------|----------|------------|--------------------|
| From | | | | |
| | | | | |
| To | | | | |
| From | | | | |
| | | | | |
| To | | | | |
| From | | | | |
| | | | | |
| To | | | | |
| From | | | | |
| | | | | |
| To | | | | |

PREVIOUS CHILDCARE EXPERIENCE:

Please list all paid, volunteer and personal experience not already listed.
 You may continue on a separate sheet if necessary.

REFERENCES: Give names and COMPLETE ADDRESSES/PHONENUMBERS of three persons not related to you who you have known for at least one year.

| Name | Address/phone # | Yrs. Known | Occupation |
|------|-----------------|------------|------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

SIGN: _____ DATE: _____

