

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:** _____



REQUEST BY A PERSON OR ORGANIZATION FOR A SEARCH OF THE STATE CENTRAL REGISTRY

State Form 49214 (R / 7-04) / FPP 0005

In compliance with IC 31-33-17-6, the information provided upon completion of this form must be treated as a **CONFIDENTIAL RECORD**.

* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **voluntary** and you will not be penalized for refusal.

I hereby request that a search be made of the State Central Registry for the name of the following person:		
Name of subject of search		
Date of birth (<i>month, day, year</i>)	Social Security number *	Other names used
Address of subject of search (<i>number and street, city, state, ZIP code</i>)		
Name of person making request		
Address of person making request (<i>number and street, city, state, ZIP code</i>)		
Signature of person making request		Date (<i>month, day, year</i>)

CONSENT TO RELEASE INFORMATION

I, _____, give permission for _____ to provide my date of birth and
(Name of subject of search) *(Name of person making request)*
 Social Security number for purposes of a search of the State Central Registry in connection with my application for employment.

Signature of subject of search	Date (<i>month, day, year</i>)
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RELEASE OF SCR INFORMATION

This is to verify that a search has been made for _____ in the
(Name of subject of search)
 State Central Registry, and the following has been found:

The above-named person _____ been found listed in the State Central
(has, has not)
 Registry as a person with a conviction arising out of a report of child abuse or neglect.

Name / title of person conducting search	
Signature of person conducting search	Date (<i>month, day, year</i>)
Name of county	

County Office of Family and Children

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: _____

