

## 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 FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R2 / 1-09) / CW 2128  
DEPARTMENT OF CHILD SERVICES

**PLEASE NOTE:** The check for CPS history is conducted through the Child Protection Index (CPI) within the Indiana Child Welfare Information System (ICWIS). This database has been the primary electronic source for statewide child protection information since March of 1997. For questions or concerns about the time period prior to 1998, submit this signed consent form to the local DCS office of any county in which the subject has resided.

## SECTION 1 (completed by requestor)

Name of subject of check	Date (month, day, year)
Reason (check all that apply) <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employment <input type="checkbox"/> Unlicensed placement <input type="checkbox"/> Other _____	
Category of subject <input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer/intern** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Requestor <input type="checkbox"/> Residential facility (insert name) _____ <input type="checkbox"/> Licensed child placing agency (insert name) _____ <input type="checkbox"/> Other _____	

## RETURN FORM TO

Printed name	Title	Telephone number (     )
Address (number and street, city, state and ZIP code)		E-mail address

\* All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.  
\*\* Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.

## SECTION 2 - CONSENT TO CHECK CPS RECORDS (completed by subject of History Check)

I hereby consent to a release of information to the above-named requestor 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 date of consent.

1. List any other Indiana county(ies) in which you have resided prior to 1998, with dates of each residence.		
2. Signature of subject of check (parent or guardian if subject is a minor)		3. Date (month, day, year)
4. Printed name (first, middle, last)	5. If you have an alias, maiden, other married, or nick name, please list.	
6. Date of birth (month, day, year)	7. Race	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Current address (number and street, city, state, and ZIP code)		
10. Social Security number (List all numbers that have ever been assigned to you under any alias name.)		

## SECTION 3 - REQUESTED INFORMATION (completed by DCS)

Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain the circumstances. ----- -----		
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list date of substantiation, type of case (i.e. neglect, physical abuse, or sexual abuse), and local office that conducted the assessment. ----- -----		
Signature of person completing the check	Date (month, day, year)	
Printed name	Title	Name of local office or central office, Department of Child Services

**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: \_\_\_\_\_

