

Perry Multi County Juvenile Facility Employment Application Form

Please Complete All Sections

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Have you been a resident of Ohio for the past 5 years? Yes No If "no" what state/s did you reside in?

Are you at least 21 years old, or older? Yes No

Position applied for _____

Days/hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin employment? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OFFENSE? No Yes

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

HAVE YOU EVER BEEN EMPLOYED IN A PRISON, JAIL, OR ANY TYPE OF CORRECTIONS FACILITY No Yes

HAVE YOU EVER ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, OR OTHER INSTITUTION? No Yes

HAVE YOU BEEN CONVICTED OF ENGAGING OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IN THE COMMUNITY FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE, OR COERCION, OR IF THE VICTIM DID NOT CONSENT OR WAS UNABLE TO GIVE CONSENT OR REFUSE? No Yes

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITY DESCRIBED IN THE QUESTION ABOVE? No Yes

**PLEASE PRINT ALL
INFORMATION REQUESTED**

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT

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Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PMCJF is committed to protecting the youth we serve. Would you be willing to participate in the Diana Screen? The Diana screen is a sexual risk screening test, given by PMCJF as part of the interview process, designed to screen candidates for employment and volunteer positions? Yes No

May we contact your present employer? Yes No

Do you currently have any Physical Conditions that would prevent you from conducting your job duties as a Residential Care Worker? Yes No

Do you have any friends or relatives that currently work for PMCJF? Yes No If "yes" give who and state the relationship.

Are you a citizen of the United States can you present evidence to support citizenship (social security card) Yes No

Have you ever participated in any behaviors, actions or situations that may interfere with the moral standing or cause damage to the reputation of the Perry Multi County Juvenile Facility? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Perry Multi County Juvenile Facility (hereinafter called "PMCJF"), I agree that:

I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that, I the undersigned applicant have personally completed this application. I understand that nay omission or misstatement of material fact on the application or any documented used to secure employment shall be grounds for rejection of the application or immediate discharge if I am employed, regardless of the time elapsed period of discovery.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other PMCJF practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of PMCJF, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of PMCJF. Both the undersigned and PMCJF may end the employment relationship at any time, without specified notice or reason. If employed, I understand that PMCJF may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give PMCJF permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release others from any liability as a result of such contact.

I also understand that (1) PMCJF has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment will be based on the successful passing of job-related physical examinations during the probationary period

I understand that, in connection with the routine processing of your employment application, PMCJF requires all applicants to sign an Employment Reference Release (page 6) In addition all employees are required to have a State of Ohio, BCI criminal records check completed (at minimum) prior to your employment at the Perry Multi County Juvenile Facility. The background check expense will be the responsibility of the applicant, if offered employment, but will be subject to reimbursement after 90 days of employment at PMCJF. All prospective employees will be required to have their name screened through the child abuse registry maintained by the State of Ohio, prior to employment at PMCJF.

I further understand that my employment with the Perry Multi County Juvenile Facility shall be probationary for a period of six months and that at any time during the probationary period, my employment relationship with PMCJF is terminable at will for any reason by either party.

Signed: _____ **Date:** _____
(Applicant)

PLEASE READ CAREFULLY

Employment Reference Release

Due to the job duties and responsibilities that result in employment at the Perry Multi County Juvenile Facility all applicants must agree to the following

I acknowledge that I have been informed that it is general policy of previous employers to disclose in response to a prospective employer's request only the following information about current or former employees: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that my previous employers depart from this general policy in responding to reference requests from Perry Multi County Juvenile Facility which is considering me for employment. I authorize previous employers to disclose to Perry Multi County Juvenile Facility any employment-related information, including any personal comments, evaluations, or assessments, attendance record, history of sexual misconduct, sexual molestation or sexual harassment, or any incidents, performance or behaviors as an employee, that may hinder the reputation of the Perry Multi County Juvenile Facility.

In exchange for a previous employer's agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge previous employers and previous employers successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to disclosure of employment-related information to the Perry Multi County Juvenile Facility. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between Perry Multi County Juvenile Facility and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: _____ **Date:** _____
(Applicant)

Perry Multi County Juvenile Facility is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Perry Multi County Juvenile Facility
Child Abuse Registry Information

All prospective employees of the Perry Multi County Juvenile Facility are required to have their name screened through the State of Ohio, Child Abuse Registry, which is maintained by the Ohio Department of Job and Family Services and will be accessed in cooperation with the Perry County Children Services.

The following information is required to process your name through the child abuse registry. The information provided on this form will not be used in any way to determine employment at the facility, only the results of the screen through the child abuse registry will be used to determine employment or prospective employment status.

Name: _____
First Last Middle Maiden

Date of Birth: _____
Month Day Year

Social Security Number: _____ - _____ - _____

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person. This release sets forth the entire agreement between Perry Multi County Juvenile Facility and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: _____ Date: _____
(Applicant)

Diana Screen® Consent Form

The Perry Multi County Juvenile Facility is committed to protecting the children we serve. The Diana Screen® is a sexual risk screening test designed to help screen candidates for staff, volunteer, and foster care positions with children.

I hereby give my consent to take The Diana Screen® as part of the Perry Multi County Juvenile Facility's employment/volunteer selection process.

I understand that:

1. Failure to consent to and complete The Diana Screen® will result in denial of a position working with or caring for youth at this agency.
2. My Diana Screen® test will be identified in the computer by a test identification number only. My name will not be attached to my answers or to the screen results.
3. My answers to the questions on The Diana Screen® will NOT be seen by anyone at this agency.
4. My answers will go to Abel Screening, Inc., in Atlanta, Georgia for scoring.
5. My pass/fail results will be provided to this agency and may be used as part of this agency's decision on whether I may work, volunteer, or provide foster care for the agency.
6. Abel Screening, Inc. will use my answers, without my name, for research to protect children.

I understand and agree to release Abel Screening, Inc. and Perry Multi County Juvenile Facility from all liability for damages that may result from the use of The Diana Screen® in the selection process for positions that work directly with, around, or provide care for children. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature.

Candidate's Printed Name

Signature

Date

Witness' Printed Name

Signature

Date