



APPLICATION FOR EMPLOYMENT

Lifeline Youth & Family Services, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, national origin, religion, sex, age, handicap, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Lifeline will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE PRINT INFORMATION BELOW

Date of Application _____ Position Applying For _____

List cities in Indiana where you are willing to work _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

If you have resided at your present address less than 3 years, list your prior address:

Address _____

Street

City

State

Zip Code

Telephone (____) _____ Social Security Number ____-____-____

Do you have a valid driver's license? ____ Driver's License Number _____

Are you currently 21 years of age or older? Yes ____ No ____

Are you a US citizen or an alien legally entitled to work in a position for which you are applying?

Yes ____ No ____

Salary Expected _____ Date Available to Work _____

Are you available to work: Full Time ____ Part Time ____ Temporary ____ On-Call ____
Any Shift ____?

List any days/times you are unavailable for work _____

Why are you applying for a position at Lifeline? _____

Why do you think you would make a valuable employee of Lifeline? _____

EDUCATION

Type of School	Name of School	Complete Address	Did you graduate?	Year received Degree/Diploma	Degrees Granted
Senior High School					
General Educational Development (or GED) Institute					
College/University (Undergraduate)					
College/University (Graduate)					
Business, Trade or Technical School					
Correspondence or Special School or College					

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, or military service. _____

List specific skills or office machines, tools, machinery, or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying. _____

I, _____, do hereby authorize the release of copies, of the following
Applicant's Signature

materials to Lifeline Youth & Family Services, Inc., for inclusion in my personal files:

____ GED ____ High School Diploma ____ High School Transcript

Year of High School Graduation or GED? _____

____ College Transcript ____ Year of College Graduation

PERSONAL REFERENCES

List the name, full address, and telephone number of three references who are not related to you and are not previous employers.

1.
Name: _____
Address _____
Telephone Number _____

2.
Name: _____
Address _____
Telephone Number _____

3.
Name: _____
Address _____
Telephone Number _____

Authorization to contact references: _____
(Your Signature Required)

Date: _____

May we contact the employers listed previously? Yes _____ No _____ If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s).

May we contact your present employer? Yes _____ No _____

Why? _____

Which of the positions listed previously did you like best? _____

Why? _____

Which of the positions listed previously did you like least? _____

Why? _____

Have you been previously employed by Lifeline Youth and Family Services, New Frontiers or any other group home? Yes _____ No _____ If yes, list name of group home and date of employment

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify an applicant from employment).

Yes _____ No _____

If yes, please explain:

APPLICANT'S STATEMENT

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

- _____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.
- _____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through criminal history check, BMV check, sex offender registry, Indiana Child Welfare Information System, fingerprinting as well as interviews with the personal references and past employers listed or omitted. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.
- _____ I hereby release all parties, including, but not limited to personal references and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Lifeline, concerning me or any action Lifeline takes on the basis of such information.
- _____ I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, or laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.
- _____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Lifeline, is contingent upon my ability to produce the required documentation within the time period required by law.
- _____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Lifeline, or by me. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Lifeline has the right to modify, amend or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Lifeline, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Lifeline.

Signature of Applicant _____ Date _____

LIFELINE YOUTH & FAMILY SERVICES, INC.

**CRIMINAL HISTORY BACKGROUND CHECK
NOTIFICATION AND CONSENT FORM**

Lifeline Youth & Family Services, Inc. will conduct a number of criminal background checks on individuals seeking employment or volunteer opportunities. As an agency providing services to the State of Indiana, we are required by IC 31-27-3-3 and IC 31-27-5-4 to conduct extensive background checks on individuals that will have regular and continuous contact with children under the age of eighteen.

Lifeline will conduct the following background checks, as required:

- Ten year driving record search
- For any state and/or county where you have lived within the past five years, Lifeline will:
 - Conduct a state limited criminal history search
 - Conduct a sex offender registry search
 - Conduct a local/county criminal history search
 - Child Protective Services (CPS) search for substantiated or unsubstantiated charges of abuse of neglect
- Verification of personal identity and resident addresses
- FBI fingerprint-based national criminal history check

To conduct the background checks, the following information must be provided:

Full legal name: _____ Place of Birth: _____

Social Security #: _____ U.S. Citizen: Yes / No (Please circle one)

Maiden or other names used: _____

Place(s) of residence over past five years:

<u>County</u>	<u>State</u>	<u>When (years)</u>
_____	_____	Current
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to Lifeline’s consent form, there are 2 other required forms to complete. These forms are titled: **“Child Protective Services (CPS) History Check”** and the **“Application for Criminal History Background Check”**, both from the DCS.

Please read the instructions carefully in order to complete all mandatory fields for each form.

ACKNOWLEDGEMENT:

By signing below, I indicate my understanding that Lifeline will conduct a number of criminal history background checks and that employment is contingent upon the satisfactory completion of all background investigations. Further, my signature will serve as my consent for any proper and necessary authority to share the results of these searches with officials at Lifeline.

Signed _____ Dated _____



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R / 5-08) / CW 3610
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
- Sections 1 and 2 to be completed by the Department of Child Services (DCS) family case manager or residential facility, licensed child placing agency (LCPA) personnel, or employer.
 - Sections 3 through 5 to be completed by the subject of the background check.
 - All fields are mandatory and must be completed.

SECTION 1			
County or agency Lifeline Youth & Family Services, Inc.		Date (month, day, year)	
Name of DCS employee / agency staff member / employer completing this form Trudy Adams	Title (if applicable) HR Specialist	Work telephone number (260) 745-3322	
Address (number and street, city, state, and ZIP code) 7136 Gettysburg Pike, Fort Wayne, IN 46804			

SECTION 2 - REASON FINGERPRINTED (check appropriate box)			
1. DCS foster family home applicant for related placements:			
<input type="checkbox"/> a. Emergency placement, IC 10-13-3-27.5 (name-based check completed)	<input type="checkbox"/> 2. Foster family home licensing, IC 31-27-4-5	<input type="checkbox"/> 4. DCS contractor, IC 10-13-3-38.5	
<input type="checkbox"/> b. Non-emergency placement, IC 31-34-4-2	<input type="checkbox"/> 3. Adoption, IC 31-19-2-7.5		
Case name / ICWIS number	ICWIS resource identification number		
5. Employment			
<input type="checkbox"/> Group home, IC 31-27-5-4	<input checked="" type="checkbox"/> Residential facility, IC 31-27-3-3	<input type="checkbox"/> LCPA, IC 31-27-6-2	<input type="checkbox"/> Contractor, IC 31-27-3-3
<input type="checkbox"/> Residential facility or agency licensing for provider / agency application		<input type="checkbox"/> 6. Volunteer / Unpaid Intern, IC 10-13-3-39	
<input type="checkbox"/> Residential facility application, IC 31-27-3-3	<input type="checkbox"/> Group home, IC 31-37-5-4	<input type="checkbox"/> LCPA licensing application, IC 31-27-6-2	

SECTION 3 - SUBJECT OF THE BACKGROUND CHECK			
Full legal name			
Previous names (maiden, alias, etc.)			
Date of birth (month, day, year)	Social security number	Gender	Race
Current address (number and street, city, state, and ZIP code)			
Home telephone number ()	Cellular telephone number ()	E-mail address	
List all counties / states resided in for past five (5) years			
Have you been convicted of an adult crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe below.			

SECTION 4 - ALL OTHER HOUSEHOLD MEMBERS (excluding children who are under DCS supervision)			
List any additional household members on a separate page. DO NOT COMPLETE THIS SECTION IF THE BACKGROUND CHECK IS FOR EMPLOYMENT PURPOSES.			
FULL NAME	DATE OF BIRTH (month, day, year)	AGE **	SOCIAL SECURITY NUMBER

** If child is eighteen (18) years of age or older, complete a separate application. All persons in this age range must be fingerprinted.

SECTION 5 - TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK		
I have provided the information on this form for the purposes of a criminal history and background check. My signature authorizes the necessary checks to be conducted on behalf of myself and all children under the age of eighteen (18) years listed above.		
Signature	Printed name	Date of application (month, day, year)

DCS CO BCU USE ONLY				
Initials	Reason / Code	Date received (month, day, year)	Date entered (month, day, year)	Date sent to ISP (month, day, year)
Type of payment <input type="checkbox"/> Check <input type="checkbox"/> Money order	Amount of payment	Name of bank	Name of person writing check	
Date printed (month, day, year)	Date status letter sent to agency (month, day, year)		Date ISP information entered (month, day, year)	
State any exceptions				

I understand that the Department of Child Services (DCS) is required to conduct a background check on the following:

1. Residents of homes in which children are placed who are under the supervision of DCS.
2. Foster Care applicants.
 - a. All persons age fourteen (14) and older who reside in the prospective foster home.
 - b. All persons age fourteen (14) and older who work or volunteer in a foster home and have or will have direct contact, on a regular and continuing basis, with foster children.
3. Adoption petitioners.
 - a. All persons age fourteen (14) and older who reside in a prospective adoptive household.
 - b. All persons age fourteen (14) and older who work or volunteer in a prospective adoptive household and have or will have direct contact, on a regular and continuing basis, with foster and pre-adoptive children.
4. For all residential facilities and licensed agencies:
 - a. Each applicant for a license.
 - b. Each director or manager of the DCS-licensed facility where children are placed.
 - c. Administrators and directors of facilities where children will be placed.
 - d. Employees and volunteers who will have direct contact, on a regular and continuing basis, with children supervised by the applicant or facility.
5. Employees and volunteers of all DCS contractors who will have direct contact, on a regular and continuing basis, with children who are under the supervision of DCS.

I am providing information about myself and, if applicable, any children under age eighteen (18) living in my home, for the purpose of a background check. I understand that this information will be used only for this purpose and will not be disclosed to anyone except as necessary to complete these procedures. The checks will include the following:

1. Limited criminal history data maintained in the records of the Indiana State Police for children age fourteen (14) through seventeen (17).
2. Juvenile history data maintained in the records of the Indiana State Police that has not been sealed under Indiana law for children age fourteen (14) and older.
3. A national fingerprint-based criminal history background check through the FBI and a fingerprint-based state criminal history check, which includes juvenile history data, for all persons age eighteen (18) and older.
4. A check of child protection services records maintained by DCS, any local office, or any agency in another jurisdiction where I have resided, regarding any substantiated finding of child abuse or neglect for all persons, regardless of age.
5. A check of the sex and violent offender registry for Indiana or any other state for persons age fourteen (14) and older.
6. A check of local law enforcement agency and sheriff records.

I understand that I and, if applicable, everyone aged eighteen (18) and older living or working / volunteering in my home, must be fingerprinted by a DCS fingerprint contractor.

I also understand that I must present valid identification and complete all information required during the registration process.

Furthermore, I understand that if these checks are related to an adoption finalization for children who are already placed in my home and the check reveals disqualifying history, the local DCS office may remove the children from my home.

I understand that if any of the checks conducted by DCS reveal an inaccurate record, the record may be challenged. A Review Challenge of inaccurate information must be made to the State and/or agency that posted the record. To refute inaccurate Indiana criminal history records or information, please request a Review Challenge from the Indiana State Police.

Signature	Date (month, day, year)
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INSTRUCTIONS ON HOW TO COMPLETE

A “REQUEST FOR CHILD PROTECTION SERVICE (CPS) HISTORY CHECK” FORM

The applicant will only complete the section that says “CONSENT TO CHECK CPS RECORDS” All other sections will be completed by Lifeline Youth & Family Services or the DCS.

#1 States “List any Indiana County (ies) in which you have resided since 1998, including your current county, with dates of each residence.”

Example: Kosciusko County 1998- 2002, Allen County 2002-2006, Monroe County 2006-2009

#2 Signature of subject of check (That is the applicant’s signature)

#3 Date applicant signed

#4 Print your current full name

#5 Print all names, including maiden names you have used in your life time. If you have only used one name your entire life. List that one name and then write off to the side, **no other names used.**

#6 Date of Birth of applicant

#7 & #8 Race and Gender

#9 Current address

#10 Social Security number or numbers assigned that have been assigned to you under any alias name.

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

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

PLEASE PRINT CLEARLY

PLEASE NOTE: If the applicant resided in Indiana prior to January 1 1998 and this time period is included in the search perimeters the request must be sent to the local DCS office in the county the applicant resided during that period. When there is more than one county of residency in this period to search, one request must be sent to each local DCS office. All local DCS offices can also perform statewide checks for residency after January 1, 1988. Contact information for all local DCS offices within Indiana go to this website. www.in.gov/DCS/2363.htm

Please Print		SECTION 1 (completed by requestor)	
1. Applicant's name as it appears on official documents (include FIRST, MIDDLE AND LAST NAME, if no middle name, indicate "no middle")		2. Date (month, day, year)	
3. 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 _____			
4. 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 _____			
5. Requestor			
<input checked="" type="checkbox"/> Residential facility (insert name Lifeline Youth & Family Services Inc. <input type="checkbox"/> Licensed child placing agency (insert name) _____ <input type="checkbox"/> Other _____			

RETURN FORM TO		
6. Printed name of contact person: Trudy Adams- HR Specialist	7. Agency Name Lifeline Youth & Family Services	8. Telephone number 260-745-3322
9. Address (complete mailing address) 7136 Gettysburg Pike, Fort Wayne, IN. 46804	10. Fax Number 260-969-0496	11. 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 all Indiana county(ies) that you lived for the period of the search, giving "to and from" years per county. Beginning on Jan 1 1998 or the first date of the search period whichever is earliest. If only one county entire time, indicate a beginning year to "current".			
2. Signature of subject of check (parent or guardian if subject is a minor)		3. Date release signed (month, day, year)	
4. Printed name (first, middle, last)		5. List all alias, maiden, other married, or nick name ever used. Do not leave blank. Indicate "no other names"	
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 Cindy Hewett/Dan Dunbar/Scott Hood	Title COBCU Consultant
Name of local office or central office, Department of Child Services Central Office	

STATEMENT OF INFORMED CONSENT
(Please read and sign below)

The sponsoring organization has asked you to complete a number of assessments. While these assessments can be very useful tools in the hiring process, the results from these assessments should not be considered in isolation. Other factors – including your specific technical skills, experience, education and job history - are not evaluated by these assessments and may be important to a complete evaluation.

The information obtained from these assessments is confidential and is intended for use only by the sponsoring organization.

The assessment results belong to the sponsoring organization. This organization retains the right to decide when and if you will receive feedback on your assessment results.

By signing this form you acknowledge that you have read the provisions of this Statement of Informed Consent. Furthermore, you agree to these provisions and agree to permit the sponsoring organization to use the assessment results in its human resource processes.

Sponsoring Organization: **LIFELINE YOUTH & FAMILY SERVICES, INC.**

Please Print

Your Name: _____

Your Signature: _____

Today's Date: _____

Thank you for participating in the assessment process.