



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 _____



**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 who will have regular and continuous contact with children under the age of eighteen.

Lifeline will conduct the following background checks, as required:

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

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

Full legal name: _____

Place of birth: _____ Date of Birth _____
(mm/dd/yyyy)

Social Security Number: _____ U.S. Citizen? Yes No
(circle one)

Maiden or other names used: _____

Place(s) of residence over past five (5) years:

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

In addition to this consent form, there is one (1) other required form from the DCS to complete. This form is entitled, "Indiana Request for a Child Protective Services (CPS) History Check" (form 52802). **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 my volunteer opportunity 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: _____ Date: _____

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.