

Canadian County Children's Justice Center

EMPLOYMENT APPLICATION (rev. 01-11)

Canadian County is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, political affiliation, national origin, veteran status or disability as provided in federal and state regulations. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all information has been completed.

PERSONAL:

Date _____ / _____ / _____

Name _____ Home Phone(_____) _____
LAST FIRST MIDDLE

Cell Phone(_____) _____
 Email Address: _____

Address _____
NO STREET CITY STATE ZIP

Social Security No. _____ Are you at least 18 years of age? Yes ___ No ___
 Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or other drugs? Yes ___ No ___

If yes, state the offense, location, date and disposition (NOTE: A conviction will not necessarily disqualify you from employment)

Do you have the ability, with or without reasonable accommodation, to work overtime or to travel if required by the job for which you are applying? Yes ___ No ___

If no, please explain _____

Driver's License: State ___ Number _____ Type _____ Currently Valid? Yes ___ No ___

Do you authorize CCCJC to obtain a copy of your driving record? Yes ___ No ___

Are you willing to submit to a drug test in accordance with facility policy? Yes ___ No ___

Do you authorize CCCJC to obtain a criminal background check? Yes ___ No ___

Have you or any of your immediate family received any type of services from Canadian County Children's Justice Center? Yes ___ No ___ If yes, when were services completed or terminated? _____

List relatives employed by CCCJC and their relationship to you _____

EMPLOYMENT DESIRED:

Full-time ___ part-time ___ temporary or summer employment ___ (check all that apply)

Position for which you are applying _____ Salary Desired _____

Date available to start _____

Have you ever applied for employment with this county before? Yes ___ No ___

Have you ever worked for this county before? Yes ____ No ____

If your answer to either of the above questions is yes, list when and where you applied and/or worked.

How did you learn of this position? _____

Are you now, or do you expect to be, working in any other business or job? Yes ____ No ____

If yes, please explain _____

EDUCATION:

Name, Address and Location _____ Graduate? _____ Course of Study _____

High School: Yes ____ Diploma:
No ____

College: From: _____ Yes ____ Diploma:
To: _____ No ____

Trade School: From: _____ Yes ____ Diploma:
To: _____ No ____

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes ____ No ____ If so, when, where and what courses?

List any scholastic honors, offices held and activities during high school and college _____

List and describe any other education or specialized training _____

MILITARY

Have you ever served in the military? Yes ____ No ____

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Are you willing and able to perform all of the tasks required by the job you for which you are applying with or without reasonable accommodation? Yes ____ No ____

If no, explain which tasks you are unable or unwilling to perform _____

CAPABILITY / RELIABILITY (Cont'd):

If you are currently employed, may we contact your company? Yes_____ No_____

Have you ever been fired or asked to resign from a job? Yes_____ No_____

If yes, please explain_____

Will you abide by the safety rules of this agency? Yes_____ No_____

Have you ever been disciplined for violating an employer's safety rules or regulations? Yes _____ No _____

If yes, please explain_____

How many days of work or school have you missed in the last two years? _____

How many times have you been late for work or school in the last two years? _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes_____ No_____

If yes, please explain_____

Are you willing and able to report to work on time every day on a regular and consistent basis? Yes____ No_____

If no, please explain

Please use the space below to describe why you are interested in working for our agency and list the skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

This section is to be completed by persons applying for positions in the detention center, juvenile bureau or group home. All other applicants please skip to the work history section on the next page.

Are you at least 21 years of age or older? Yes_____ No_____

Are you willing and able to perform all of the tasks required by the job for which you are applying (including physically restraining juveniles if it is part of your job description)? Yes_____ No_____

Are there any days or hours you are unable or unwilling to work? Yes_____ No_____ If yes, please specify the days and/or the hours you are unable or unwilling to work

WORK HISTORY

List names of employers in consecutive order with **CURRENT OR MOST RECENT EMPLOYER LISTED FIRST**. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you have had more than three employers, please attach an additional page. **DO NOT REFERENCE YOUR RESUME.**

Employer Address City, State, Zip Code	Name of Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
		From Mo___ Year___ To Mo___ Year___	Starting \$_____ Ending \$_____
Telephone Nature of Business			
Position Title _____ Part Time___ Full Time___	Reason For Leaving		
Duties			

Name of Employer Address City, State, Zip Code	Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
		From Mo___ Year___ To Mo___ Year___	Starting \$_____ Ending \$_____
Telephone Nature of Business			
Position Title _____ Part Time___ Full Time___	Reason For Leaving		
Duties			

Name of Employer Address City, State, Zip Code	Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
		From Mo___ Year___ To Mo___ Year___	Starting \$_____ Ending \$_____
Telephone Nature of Business			
Position Title _____ Part Time___ Full Time___	Reason For Leaving		
Duties			

ADDITIONAL SKILLS

Have you had any computer or word processing experience or training? Yes____ No____

If yes, please describe _____

What languages do you speak fluently? _____

REFERENCES

List three references, **not relatives or former employers**, who have known you for at least two years.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT

I certify that my answers on this application are true and correct. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize Canadian County to contact any company or individual it deems appropriate to investigate my employment and criminal history, character and qualifications. I give my full and complete consent to any person or agency contacted by CCCJC to reveal any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I hereby agree to allow CCCJC to perform a drug test and consent to participate in said test as part of the application process. I agree that, if I am employed, I will abide by all the rules and regulations of the agency. I understand that the taking of drug and alcohol tests, when given pursuant to county policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the agency is authorized to enter to any written or verbal employment contracts with me for any definite period of time without the express written consent of the director of the agency. I also understand that my employment is at-will and may be terminated by me or by the county any time for any reason or no reason at all, with or without prior notice.

Signature _____

Date _____

Applicant Data Record

We are an Equal Opportunity Employer and do not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability, race, color, or status as a disabled veteran and promote full realization of equal employment opportunity.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Completion of this survey is strictly voluntary and will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

(PLEASE PRINT)

Date: _____ Position applied for: _____

Referral source:

Advertisement Friend Relative Walk-in Employment agency Other

The following data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Gender:

Male Female Choose Not to Disclose

Race/Ethnic Group - Check one:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- Race missing or unknown – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.
- Choose Not to Disclose

Veteran Status - Check one:

- Not applicable
- Vietnam Era Veteran
- Armed Forces Service Medal Veteran
- Recently Separated Veteran (within the last three years)
- Other Protected Veteran
- Choose Not to Disclose

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant _____
 Last name First Middle

 Maiden Name or Alias

Address _____
 Street City State Zip

Birth date _____ Sex _____ Social Security # _____
 Mo./Day/Yr.

Have you lived in any other state(s) besides Oklahoma in the past three (3) years? Yes _____ No _____

If yes, please list _____

This authorization is in compliance with the Privacy Act of 1974 (Public Law 93-579). The information you authorize released will be used to verify data provided on your employment application or upon hiring and is necessary for employment in a specific position. If any information you have provided is determined to be false after the hiring process is complete, you will be terminated immediately. Information determined to be false prior to hiring will result in your not being hired.

The information obtained as a result of your signature on this authorization will be furnished to designated officers and employees of Canadian County to verify information necessary to process your employment/volunteer work with the Canadian County Children's Justice Center.

This authorization for release of information constitutes your consent for CCCJC to examine and/or obtain copies and abstracts of records and to receive statements and information regarding your background. By signing this form you authorize the release of data, records and information to Canadian County as designated below. Education, criminal and employment verification will be obtained on every person hired. Other information will be verified as legally required for a specific position.

Employment
 Education
 Criminal
 Other (please specify) _____

Signature of Applicant _____ Date _____