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 Addres	s:	
Address					
NO	STREET	CITY		STATE ZIP	-
Social Security No.		Are you at least 18 year	ars of age?	YesNo	_
Are you a citizen of the U.S. or do	you have the legal right	t to be employed in the	United States?	Yes No _	
Have you ever been convicted of alcohol or other drugs? Yes _	any crime (excluding mi	inor traffic violations) ir	ncluding driving	while under the inf	uence of
If yes, state the offense, locat	on, date and disposition	(NOTE: A conviction wil	I not necessarily	disqualify you from e	mployment)
Do you have the ability, with or w which you are applying? Yes		nmodation, to work ove	ertime or to trave	el if required by the	job for
If no, please explain					
Driver's License: State Nur	nber	Гуре	Currer	ntly Valid? Yes	No _
Do you authorize CCCJC to obta	in a copy of your driving	record? Yes No [
Are you willing to submit to a drug	g test in accordance with	facility policy? Yes	No _]	
Do you authorize CCCJC to obta	in a criminal background	I check? Yes 🔲 No			
Have you or any of your immedia Center? Yes No	te family received any ty If yes, when were servic			Children's Justice	
List relatives employed by CCCJ	C and their relationship t	o you			
EMPLOYMENT DESIRED:					
Full-time part-time te	mporary or summer emp	oloyment (check	all that apply)		
Position for which you are applying	ng	Sa	lary Desired		
Date available to start					
Have you ever applied for employ	ment with this county be	efore? Yes No_			

Have you ever worked for this county before? Yes No	<u></u>	
If your answer to either of the above questions is yes, list when a	nd where you applied a	and/or worked.
How did you learn of this position?		
Are you now, or do you expect to be, working in any other busine	ss 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 wha	at courses?
	,	
List any scholastic honors, offices held and activities during high	school and college	
List and describe any other education or specialized training		
List and describe any other education of specialized training		
MILITARY		
Have you ever served in the military? Yes No		
	Entered	
Date Separated Final	Rank _ L	
CAPABILITY / RELIABILITY:		
Are you willing and able to perform all of the tasks required by the	ne job you for which yo	u 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 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 D
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 No
Are there any days or hours you are unable or unwilling to work? Yes No lift 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	Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
City, State, Zip Code Telephone Nature of Business		From Mo <u>Year</u> To Mo <u>Year</u>	Starting \$ Ending \$
Position Title Part Time Full Time	Reason For Leaving		
Duties			
Name of Employer Address	Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
City, State, Zip Code		From Mo Year To Mo Year	Starting Ending S
Telephone Nature of Business		WO <u>l Teal I</u>	V
Position Title Part Time Full Time Duties	Reason For Leaving		
Name of Employer Address	Name & Title of Last Supervisor	DATES EMPLOYED	PAY RATE
City, State, Zip Code		From Year To	Starting \$
Telephone Nature of Business		Mo_Year	\$
Position Title Part Time Full Time	Reason For Leaving		
Duties			

ADDITIONAL SKILLS

Have you had	any computer or word processing ex	sperience or training?	YesNo		
If yes, please	describe_				
What languag	ges do you speak fluently?				
	R	EFERENCES			
List thre	List three references, not relatives or former employers, who have known you for at least two years.				
Name Address Phone Occupation					
	_			٦	
				<u></u>	
I certify that m	ny answers on this application are true	AFFIDAVIT e and correct. I understand the	nat if I am employed, any false	, misleading	
or otherwise in	ncorrect statements made on this apposite contract in the statements made on this apposite contract in the statement in the s	olication form or during any in	terviews may be grounds for n	ny	
investigate my	y employment and criminal history, chency contacted by CCCJC to reveal a	naracter and qualifications. I	give my full and complete cons	sent to any	
addition, I her	eby waive my right to bring any cause eason because of their statements. I	e of action against these indiv	iduals for defamation, invasior	n of privacy	
participate in s	said test as part of the application pro	cess. I agree that, if I am em	ployed, I will abide by all the r	ules and	
a condition of	the agency. I understand that the tal continued employment and refusal to	take such tests when asked	will be grounds for my immed	liate	
	further understand that nobody in the me for any definite period of time with	•		•	
understand th	at my employment is at-will and may with or without prior notice.				
rodom at am,	e				
a [
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

Last name First Middle	A 1: t					
Address Street City State Zip Birth date 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. X. Employment X. Employment X. Employment X. Employment Other (please specify)	Applicant_	Last name	First	Middle		
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Signature of Applicant Date	XE	ducation riminal				
	Signature	of Applicant		Date		