



BRUCE NORMILE JUVENILE JUSTICE CENTER

2nd Judicial Circuit Court, Juvenile Division

EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.
We comply with all applicable state and federal civil rights and equal
employment laws and regulations.

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal history check, child abuse/neglect screening, interviews or inquiries of prior employers, coworkers, acquaintances or friends.

| | | |
|--|-------------------------|---------------|
| Last Name | First Name | Middle |
| Present Address | | |
| City | State | Zip |
| Permanent Address | | |
| City | State | Zip |
| Email | | |
| Contact Telephone No | | |
| Best Time to Contact You | Date Available for Work | |
| Are You 21 or older: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Check all you are applying for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | | |
| Position Applied for: _____ | | |
| Check all units you are interested in working: Residential <input type="checkbox"/> Detention <input type="checkbox"/> Juvenile Office <input type="checkbox"/> Any <input type="checkbox"/> | | |
| Shift Preference: 7a -3p <input type="checkbox"/> 3p -11p <input type="checkbox"/> 11p – 7a <input type="checkbox"/> Any <input type="checkbox"/> | | |
| List days of the week and times available to work: | | |
| Are You a U.S. Citizen Or An Alien Legally Authorized To Work In The United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Relatives or Friends Employed In This Facility? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Name: | Unit: | Relationship: |
| Have you ever been employed by this facility? Yes <input type="checkbox"/> No <input type="checkbox"/> When? | | |
| Have you ever been listed as a perpetrator in a report of abuse or neglect of children or adults in this or any other state of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: | | |
| Have you ever been convicted of, or pled guilty to (excluding misdemeanor traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: | | |
| If you answer is “yes” to the above you will not automatically be disqualified from employment Consideration, except as required by state or federal law. | | |

| EDUCATION | | | | | | | | |
|---|----------------------------|-----------------|---|---|---|---|---|------------------------|
| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CHECK LAST YEAR COMPLETED | | | | DID YOU GRADUATE | LIST DEPLOMA OR DEGREE |
| HIGH | | | 1 | 2 | 3 | 4 | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | | | | | |
| COLLEGE | | | 1 | 2 | 3 | 4 | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | | | | | |
| COLLEGE | | | 1 | 2 | 3 | 4 | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | | | | | |
| OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing) | | | | | | | | |
| AREA(S) OF SPECIALIZATION OF MAJOR INTEREST: | | | | | | | | |
| CPR CERTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/> | | | SCM CERTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| FA/AED CERTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/> | | | MED AID CERTIFIED Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| PROFESSIONAL LICENSE | | | | | | | | |
| <input type="checkbox"/> CURRENTLY LICENSED | | | <input type="checkbox"/> ELIGIBLE FOR LICENSED | | | LICENSE OR REGISRATION EVER SUSPENDED, REVOKED OR ON PROBATION? | | |
| <input type="checkbox"/> CURRENTLY REGISTERED | | | <input type="checkbox"/> ELIGIBLE FOR REGISTRATION | | | | | |
| TYPE: STATE: DATE: NO: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | | | | | |
| PROFESSIONAL CERTIFICATIONS | | | | | | | | |
| <input type="checkbox"/> CURRENTLY CERTIFIED | | | | | | | | |
| <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION | | | | | | | | |
| TYPE: | | | STATE: | | | DATE: | | |

**PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT FOR THE LAST FIVE (5)
YEARS BEGINNING WITH MOST RECENT EMPLOYER – ADDITIONAL SHEETS MAY BE
ATTACHED**

| | | | | |
|---------------------|-------|-----|--------------------|--------------------|
| | FROM: | TO: | SUPERVISOR'S NAME: | SALARY (Hr/Mo/Yr): |
| | | | | |
| JOB TITLE: | | | | |
| EMPLOYER: | | | PHONE NUMBER: | |
| ADDRESS: | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |
| | FROM: | TO: | SUPERVISOR'S NAME: | SALARY (Hr/Mo/Yr): |
| | | | | |
| JOB TITLE: | | | | |
| EMPLOYER: | | | PHONE NUMBER: | |
| ADDRESS: | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |
| | FROM: | TO: | SUPERVISOR'S NAME: | SALARY (Hr/Mo/Yr): |
| | | | | |
| JOB TITLE: | | | | |
| EMPLOYER: | | | PHONE NUMBER: | |
| ADDRESS: | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |
| | FROM: | TO: | SUPERVISOR'S NAME: | SALARY (Hr/Mo/Yr): |
| | | | | |
| JOB TITLE: | | | | |
| EMPLOYER: | | | PHONE NUMBER: | |
| ADDRESS: | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |
| | FROM: | TO: | SUPERVISOR'S NAME: | SALARY (Hr/Mo/Yr): |
| | | | | |
| JOB TITLE: | | | | |
| EMPLOYER: | | | PHONE NUMBER: | |
| ADDRESS: | | | | |
| DUTIES: | | | | |
| REASON FOR LEAVING: | | | | |

VOLUNTEER/SERVICE EXPERIENCE AND SKILLS

Have you volunteered your time or service? Yes No Where?

Briefly describe your skills and experience working with youth and families (coaching/daycare, etc.)

REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT REALATIVES OR EMPLOYERS:

| NAME | RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | TELEPHONE/ E-MAIL |
|------|--------------|-------|--------------------------|----------------------|
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CAREFULLY READ THIS SECTION PRIOR TO PROVING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination, background checks and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable), previous employers and other organizations to provide this facility and its affiliates with any requested information regarding application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

Signature _____ Date _____