



**BRUCE NORMILE** JUVENILE JUSTICE CENTER

2<sup>nd</sup> 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
Any Previous Names? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify all other names including maiden name:		
Present Address		
City	State	Zip
Permanent Address		
City	State	Zip
Email		
Contact Telephone No		
Best Time to Contact You	Date Available for Work	
<b>Are You 21 or older:</b> 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 a crime? (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.		

<b>EDUCATION</b>								
SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	LIST DIPLOMA 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"/>					
<b>PROFESSIONAL LICENSE</b>								
<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:					
<b>PROFESSIONAL CERTIFICATIONS</b>								
<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

**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 \_\_\_\_\_