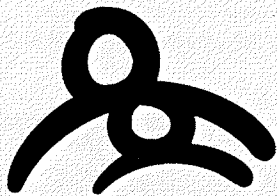
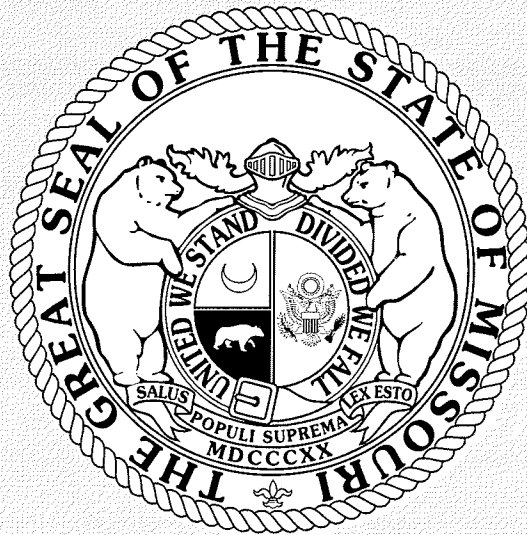


NAME / Last, First, Middle _____

POSITION _____

DATE _____



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 record check, child abuse/neglect screening, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY		STATE		ZIP CODE	
PERMANENT ADDRESS		CITY		STATE		ZIP CODE	
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:						BEST TIME TO CONTACT YOU:	
						DATE AVAILABLE FOR WORK:	
POSITION APPLIED FOR:						SALARY DESIRED:	
HOW WERE YOU REFERRED TO THIS FACILITY?						WOULD YOU CONSIDER WORKING:	
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>						WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME:		DEPT:		RELATIONSHIP:		ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?				ARE YOU 21 YRS OF AGE OR OLDER?			
YES <input type="checkbox"/>		NO <input type="checkbox"/>		WHEN?		ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	
LONG RANGE OCCUPATIONAL GOALS:						SHIFT PREFERENCE: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>	
						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"/>	
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:							
If your answer is "yes" to the above, you will not automatically be disqualified from employment consideration, except as required by state or federal law.							
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:							

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)								
AREA(S) OF SPECIALIZATION OF MAJOR INTEREST:			CPR CERTIFIED			CPI CERTIFIED		

PROFESSIONAL LICENSES <input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSED LICENSE OR REGISTRATION EVER <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: TYPE: STATE: DATE: NO:				PROFESSIONAL CERTIFICATIONS <input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:			
<input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSED LICENSE OR REGISTRATION EVER <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: TYPE: STATE: DATE: NO:				<input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:			

LANGUAGE

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM:	TO:	SUPERVISOR'S NAME:	SALARY (Hr/Mo/Yr):
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM:	TO:	SUPERVISOR'S NAME:	SALARY (Hr/Mo/Yr):
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM:	TO:	SUPERVISOR'S NAME:	SALARY (Hr/Mo/Yr):
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM:	TO:	SUPERVISOR'S NAME:	SALARY (Hr/Mo/Yr):
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

FOR OFFICE USE ONLY

Did you serve in the U.S. Armed Services? Yes No What Branch?

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

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

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

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING 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 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) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my 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.

Date _____ Signature _____

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2	DATE	REFERENCE #3	DATE

PERSONNEL NOTES (these notes are open to inspection -- keep information factual) _____

INTERVIEWER'S SIGNATURE _____

POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE	SHIFT	EMPLOYEE NUMBER

NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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REFERENCES

SIGNATURE