



212 East Street  
P.O. Box 444  
Madison, IN 47250

[www.jcysinc.org](http://www.jcysinc.org)  
Phone: (812) 265-3777  
Fax: (812) 273-1628



**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

The Jefferson County Youth Shelter, Inc. does not discriminate on the basis of race, sex, age, handicap, religion or national origin. No question on this employment form is intended for such purposes. JCYS is an Equal Opportunity Employer. This application will be given every consideration, but its receipt does not imply a contract for employment.

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

List any other name(s) used \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City/ State/Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applying for \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_ Phone# \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Days & Hours Available for Part-time \_\_\_\_\_

Are you a previous employee? \_\_\_\_\_ If yes, when \_\_\_\_\_

What date would you be available to start work \_\_\_\_\_ ?

**EDUCATION**

School Name & Address \_\_\_\_\_ Course of Study \_\_\_\_\_ Graduation Year \_\_\_\_\_

High School \_\_\_\_\_

Post Secondary \_\_\_\_\_

Other \_\_\_\_\_

Degrees & Certifications \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and related experience: \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the U. S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_



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**CRIMINAL HISTORY:** Have you been convicted of anything other than a minor traffic violation? Yes \_\_\_ No \_\_\_  
 Are you currently on probation for any offense? Yes \_\_\_ No \_\_\_ If yes to either, attach details on a separate sheet.  
 (Note: Employment is contingent upon the favorable outcome of extensive criminal background checks.)

**EMPLOYMENT HISTORY**

List your last four employers starting with the most recent.

From \_\_\_\_\_ To \_\_\_\_\_

<u>Employer Name</u>	<u>Address</u>	<u>Phone</u>
<u>Rate of Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>

From \_\_\_\_\_ To \_\_\_\_\_

<u>Employer Name</u>	<u>Address</u>	<u>Phone</u>
<u>Rate of Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>

From \_\_\_\_\_ To \_\_\_\_\_

<u>Employer Name</u>	<u>Address</u>	<u>Phone</u>
<u>Rate of Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>

From \_\_\_\_\_ To \_\_\_\_\_

<u>Employer Name</u>	<u>Address</u>	<u>Phone</u>
<u>Rate of Pay</u>	<u>Position</u>	<u>Reason for Leaving</u>

List professional, trade, business or civic activities. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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**QUALIFICATIONS**

Please explain your qualifications and why you would like to work with families and/or children.

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**REFERENCES**

***Complete mailing addresses must be listed! Incomplete applications may not be considered***

Please list **three professional** (e.g., former employer) & **three personal** references, not related to you, whom you have known for at least two years.

Name	Full Address	Relationship	Years Acquainted
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<b>SEE ATTACHED SHEET</b>			
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND GRANT PERMISSION FOR THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO THE JEFFERSON COUNTY YOUTH SHELTER.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS BASED ON MUTUAL CONSENT AND IS FOR NO DEFINITE PERIOD. THEREFORE, THE EMPLOYEE OR JEFFERSON COUNTY YOUTH SHELTER IS FREE TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL, WITHOUT CAUSE, AND AT ANY TIME WITHOUT ANY PRIOR NOTICE.

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_