



Section A Employment Application

Name (Last, First, MI)		
Street Address		
City, State, Zip		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Ethnic Group (Optional)
Home Phone	Cell Phone	Emergency Contact
Work Number	Today's Date	E-mail Address
Social Security Number		Driver's license number/state/ expiration

Section B Past Employment at this Facility?

Have you ever worked at this Correctional Facility?	
If yes, What Position?	Employment Dates:
Reason for Leaving?	
What Shift did you work?	Were you eligible for rehire?

Section C Employment Desired

Position applied for:	Date Available:
How did you hear about this position?	
Desired hours (full time, part time, shifts)	Can you work all shifts?

Section D Education

	Name and Address of School	Course of Study	Total Years Of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/				



Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

Section D Prison Rape Elimination Act (PREA)

Correctional Solutions Group, LLC is required by PREA Standards to contact all prior institutions for information to be used in the background check process. If you have never been an employee, volunteer, or contractor with an institution check the box below. Failure to complete this section will exclude you from consideration for employment.

List all institutions here where you have been employed, volunteered at or contracted with, presently or any time in the past. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for the purpose of receiving care or treatment (e.g., adjudicated delinquent, neglected, place in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long-term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.).

I have never been an employee, volunteer, or contractor with an institution.

If you check this box proceed to Section E.- Employment History Section

1. Institution/Agency Name:		Web Site Address: www.	
Complete Street Address:		Start Month/Year:	End Month/Year
City, State, Zip Code:		Position Title:	
Phone Number (include Area Code)		<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
Contact Person:			
Short Description of Duties:			



2. Institution/Agency Name:		Web Site Address: www.	
Complete Street Address"		Start Month/Year:	End Month/Year
City, State, Zip Code:		Position Title:	
Phone Number (include Area Code)		<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
Contact Person:			
Short Description of Duties:			

If you need more space, please use additional paper to list institutions or include In job history.

Section E	Employment History
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List below all present and past employers you've had over the past ten years, starting with you **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1 st Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			



2nd Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

Employment History

3 rd Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			



4 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		
Reason(s) for leaving			

What value did you add to this company or its customers?

Employment History

5 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		
Reason(s) for leaving			

What value did you add to this company or its customers?



6 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of supervisor		

Reason(s) for leaving

What value did you add to this company or its customers?

A. Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify **formal job training** that relates to this position:



Identify what skills or certification you possess related to this position:	----- -----
If you are hired, what value would you add to our company?	----- -----
Describe what you believe are the unique feature of your work history:	----- -----

Additional Information continues

Have you ever been employed with this or any other counseling/corrections agency or company before? If Yes, when? _____ Yes No

Do you have any friend or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you: _____

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain: _____



If driving is a requirement of the position applied for, in the last 7 years: Have you been convicted of Driving Under the Influence “(DUI)”, reckless driving, we-reckless, had a chargeable chargeable accident or moving violation, or had any other driving incident or action which would appear on your driving record when we request it from the DMV? Yes No NA

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

B. References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to explain on any points or questions asked previously in this application.



PLEASE USE ADDITIOANL PAPER IF NECESSARY

C. Acknowledgment of Understanding

Please read each statement closely and initial each acknowledging your understanding

○ **Equal Employment Opportunity Statement**

— This company is committed to the principles of equal employment opportunity and is committed to make the employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

○ **Discrimination and Sexual Harassment Policy Statement**

— This company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows.: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) Submission to such conduct is made whether explicitly or implicitly to term or condition of an individual’s employment; (2) Submission to or action of such conduct by an individual is use as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose of effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

○ **Disclosure to applicants concerning “Drug-Free Workplace” and Drug/Alcohol Testing**

— We operate under federal drug-free workplace requirement. If you are offered a position with the company, you may be given a drug/alcohol test as a condition of employment, and this testing may be repeated on a random basis throughout your employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. Negative (“clean”) test results are required as a condition of employment.



Acknowledgment of Understanding continues

○ Complete and Accurate Information

— I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

○ At-Will Employment

— I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship ant any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

— If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

○ Investigation Authorization

— I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job. I also authorize post-hire investigation into my credit, driving and criminal background.

○ Company Obligation

— I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date



For Personnel Department Use Only

INTERVIEW CHECKLIST

- 1. Application reviewed on _____ By _____
- 2. Denial Letter Sent _____ By _____
- 3. Interview letter sent or phone contact made _____ By _____
- 4. Interview scheduled for _____ By _____

ADDITIONAL NOTES:
