Youth Service Bureau
Achieving The Greatest Potential

The Youth Service Bureau
603 West Arch Street - Portland, Indiana 47371
260-726-8520 ysbjc@ysbjc.com
Fax 260-726-8535

Application For Employment

The Youth Service Bureau of Jay County, Inc. considers applications for all positions without regard to race, religious creed, color, sex, age, national origin, marital or veteran status, or any other legally protected status.

Employment with The Youth Service Bureau of Jay County Inc. (YSB) is a voluntary one and is subject to termination by you or the YSB at will, with or without cause, and with or without notice, at any time.

Please Print. If question does not apply state N/A (Not Applicable)

Position(s) You Are Applying For:						Date:
Last Name:		First Name:				Middle Initial:
Address:	Number:	Street:	City:	State:	Zip:	How Long At Current Address:
Phone #						
Home/Cell		Business				Social Security Number
Email:						

Are You At Least 21 Years of Age? Yes ☐ No ☐

Are You Currently Employed? Yes ☐ No ☐

May We Contact Your Current Employer? Yes ☐ No ☐

If No, Reason: _____

Will You Work Over Time If Asked? Yes ☐ No ☐

Are You Legally Eligible to Work in the United States? Yes ☐ No ☐

If the Answer to the Previous Question is No, Do You Have A Work Permit? Yes ☐ No ☐

When Will You Be Able to Begin Working? _____

Are You Available to Work: Full Time ☐ Part Time ☐

Have You Ever Been Convicted of a Felony? Yes ☐ No ☐

If Yes, Please Explain Fully: _____

Are You Physically or Otherwise Unable to Perform the Duties of the Job for which You are Applying? Yes ☐ No ☐

Do You Serve in the U.S. Armed Forces? Yes ☐ No ☐

If Yes, What Branch? _____

Do You Currently have a Valid Driver's License? Yes ☐ No ☐

What is Your Driver's License Number? _____

Have You Ever Been Discharged, Asked to Resign, Furlough, or Put in Inactive Status for Cause, or Subjected to Disciplinary Action in any Position? Yes ☐ No ☐

If Yes, Explain:

_____

_____

_____

Have You Ever Been Arrested Detained or Involved in any Court Action? Yes ☐ No ☐

If Yes, Explain: _____

_____

_____

How Did You Hear of This Position: Website ☐ School Posting ☐ Newspaper ☐

Other: _____

I Certify, that there are No Misrepresentations, Omissions, or Falsifications in the Foregoing Statements and Answers, and that the Entries Made by Me Above are True, Complete, and Correct to the Best of My Knowledge and are Made in Good Faith.

I Further Agree and Consent in Advance to Being Summarily Discharged Without Cause or Hearing if any of the Above Information Contains any Misrepresentation or Falsification or if any Material Information has been Omitted.

_____ _____

Date Signature of Applicant

Education

School Name and Location	Elementary School	High School Trade/Technical	Undergraduate College/Undergraduate	Graduate Professional
Years Completed		1 2 3 4	1 2 3 4	1 2 3 4
Did You Graduate	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Diploma/Degree/GED				

Describe any training or special skills and/or extracurricular activities:

Any additional information about yourself you may find important to mention:

List Professional and/or civic activities and offices held. You may exclude memberships which would reveal sex, race, national origin, age, and any other legally protected status.

References

1. Name	Telephone Number	Years Known
Address		
2. Name	Telephone Number	Years Known
Address		
3. Name	Telephone Number	Years Known
Address		
4. Name	Telephone Number	Years Known
Address		
5. Name	Telephone Number	Years Known
Address		

Work Experience

List Below the Last Four Employers, Starting with Your Present, or Last Job.

1) Employer	**Date Stated/Date Ended**	**Job Duties**
Address		
Telephone Numbers	**Salary Rate Starting/Final Salary Rate**	
Job Title	**Supervisor**	
Reason For Leaving		
2) Employer	**Date Started/Date Ended**	**Job Duties**
Address		
Telephone Numbers	**Salary Rate Starting/Final Salary Rate**	
Job Title	**Supervisor**	
Reason For Leaving		
3) Employer	**Date Stated/Date Ended**	**Job Duties**
Address		
Telephone Numbers	**Salary Rate Starting/Final Salary Rate**	
Job Title	**Supervisor**	
Reason For Leaving		
4) Employer	**Date Stated/Date Ended**	**Job Duties**
Address		
Telephone Numbers	**Salary Rate Starting/Final Salary Rate**	
Job Title	**Supervisor**	
Reason For Leaving		

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I give my permission and authorize for the following background checks to be completed, with the information being released to the Youth Service Bureau of Jay County, Inc.

Federal Fingerprint Check – Including Limited Criminal History Check

Sex and Violent Offender Registry Check/Child Protective Services – Department of Child Services

Local Criminal History Check – County Sheriff's Department

(Cost of fingerprint check and limited criminal history check will be at applicant's expense. After six months of active employment, employee will be reimbursed for cost. Must have receipt for reimbursement)

_____

Applicant's Signature

_____

Date

APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R7 / 3-16)
DEPARTMENT OF CHILD SERVICES

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

INSTRUCTIONS:

1. *Sections 1 and 2 to be completed by the Department of Child Services (DCS), residential facility, licensed child placing agency (LCPA) or DCS contract agency personnel.*
2. *Sections 3 through 4 to be completed by the subject of the background check for age eighteen (18) years or older.*
3. *Copies of the completed form may be submitted to the local Law Enforcement Agency (LEA) for completion of this required check. The LEA will complete the bottom of the form and return to the requestor listed in Section 1.*
4. *Original is to be filed in the appropriate file of the requestor.*
5. ***Please print in all capital letters. All fields are mandatory and must be completed.***

SECTION 1 – REQUESTING AGENCY INFORMATION

Name of local office or requesting agency	Date *(month, day, year)*
The Youth Service Bureau of Jay County, Inc.	

Address *(number and street, city, state, and ZIP code)*
603 West Arch Street Portland, Indiana 47371

Name of staff member completing this form	If applicable, name of associated resource home
PJ Corwin	

Telephone number	Fax number	E-mail address
(260) 726-8520	(260) 726-8535	pj@ysbjc.com

SECTION 2 – REASON FOR BACKGROUND CHECK *(Check appropriate box.)*

1. **DCS out of home unlicensed placement:**
   - ☐ a. Emergency placement *(A triple I name based check will be completed prior to placement with National and State fingerprinting completed within the required time frame if placement occurs.)*
   - ☐ b. Non-emergency placement *(Placement will not occur until National and State fingerprinting results are returned, evaluated, determined qualified or a criminal history waiver is granted.)*
2. **Foster Family Home Licensing** ☐ a. New / Relicense ☐ b. Annual Review ☐ c. Existing HH member now eighteen (18) years ☐ d. New HH member
3. **Adoption:** ☐ a. Pre adoptive child under DCS Supervision ☐ b. SNAP adoption or Private Adoption seeking AAP
4. **Employment:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor
5. **Volunteer / Unpaid Intern:** ☐ a. Group Home ☐ b. Residential Facility ☐ c. LCPA ☐ d. Contractor / Subcontractor

SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

Full legal name *(first, middle, last)*

Previous names *(maiden, alias, previous married, pre-adoptive, nicknames)*

Date of birth *(month, day, year)*	Social Security Number *	Gender ☐ Male ☐ Female	Race Choose One

Current address *(number and street, city, state, and ZIP code)*

Home telephone number	Cellular number	E-mail address
( )	( )	

List all cities / counties / states resided in for past five (5) years, with dates of residence *(month, day, year)*

Do you have a current protective order filed against you or do you have a protective order filed against someone else? ☐ Yes ☐ No

If yes, please explain.

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. Have you been arrested, charged, or convicted of:
   - a. A felony that has not been expunged by a court? ☐ Yes ☐ No
   - b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court? ☐ Yes ☐ No
2. Have you been arrested, charged, or convicted of:
   - a. A felony that has not been expunged by a court while the licensing action / application has been pending? ☐ Yes ☐ No
   - b. A misdemeanor relating to the health and safety of a child that has not been expunged by a court while your licensing action / application was pending? ☐ Yes ☐ No

SECTION 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for one (1) year from the date of this application.

I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct.

Signature	Printed name	Date of application *(month, day, year)*

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above.

A search by _____ revealed that there ☐ WAS (records attached) ☐ WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date *(month, day, year)*

Title	E-mail address	Telephone number
		( )

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INDIANA DCS BACKGROUND CHECK INFORMATION

Date of Birth (mm/dd/yyyy): _____

Legal First Name: _____

Legal Middle Name or Initial: _____

Legal Last Name: _____

Social Security Number: _____
Gender at Birth:
○ Male ○ Female
Has your gender identity changed since birth?
○ Yes ◉ No
Race (*check all that apply*):
☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other

Contact Information

Phone Number: _____

E-mail Address: _____ (**REQUIRED!**)

Has Applicant ever used any other name, including different first, middle, or last name or combination of names?
○ Yes
○ No
Examples of alternate names could be any of these: a nickname, a name prior to adoption, a maiden name, a name from a previous marriage, or a different name due to a name change.

Alternate names used: _____

Applicant Current Residential Address

Street Address:
City:
Country:
State:
County:
Zip:
Date Moved In (mm/dd/yyyy):

Address Information

The Applicant is required to enter Current Residential Address above and all required fields for previous addresses dating back to January 1, 1988 or “Date of Birth,” whichever is most recent.

Example 1: Date of Birth is 06/05/2000. Required Addresses back to 06/05/2000.
Example 2: Date of Birth is 03/16/1963. Required Addresses back to 01/01/1988.

Note: Addresses may NOT cross or overlap. Explain where necessary.”.

Street Address:
City:
Country:
State:
County:
Zip:
Date Moved In (mm/yyyy):
Date Moved Out (mm/yyyy):

Street Address:
City:
Country:
State:
County:
Zip:
Date Moved In (mm/yyyy):
Date Moved Out (mm/yyyy):

Street Address:
City:
Country:
State:
County:
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Date Moved Out (mm/yyyy):

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Please rate your level of agreement with the following statements on a scale of 1-5, where 1 = strongly disagree, 3 = neutral, and 5 = strongly agree

OPENNESS TO EXPERIENCE	CHECK THE APPLICABLE NUMBER
Have a rich vocabulary.	1 2 3 4 5
Have a vivid imagination.	1 2 3 4 5
Have excellent ideas.	1 2 3 4 5
Am quick to understand things.	1 2 3 4 5
Use difficult words.	1 2 3 4 5
Spend time reflecting on things.	1 2 3 4 5
Am full of ideas.	1 2 3 4 5
Have difficulty understanding abstract ideas.	1 2 3 4 5
Am not interested in abstract ideas.	1 2 3 4 5
Do not have a good imagination.	1 2 3 4 5

CONSCIENTIOUSNESS	CHECK THE APPLICABLE NUMBER
Am always prepared.	1 2 3 4 5
Pay attention to details.	1 2 3 4 5
Get chores done right away.	1 2 3 4 5
Like order.	1 2 3 4 5
Follow a schedule.	1 2 3 4 5
Take great care in the completion of work.	1 2 3 4 5
Leave my belongings around.	1 2 3 4 5
Make a mess of things.	1 2 3 4 5
Often forget to put things back where they go.	1 2 3 4 5
Shirk my duties.	1 2 3 4 5

EXTRAVERSION	CHECK THE APPLICABLE NUMBER
Am the life of the party.	1 2 3 4 5
Feel comfortable around people.	1 2 3 4 5
Start conversations.	1 2 3 4 5
Talk to many different people at parties.	1 2 3 4 5
Do not mind being the center of attention.	1 2 3 4 5
Do not talk a lot.	1 2 3 4 5
Keep in the background.	1 2 3 4 5
Have little to say.	1 2 3 4 5
Do not like to draw attention to myself.	1 2 3 4 5
Am quiet around strangers.	1 2 3 4 5

AGREEABLE	CHECK THE APPLICABLE NUMBER
Am interested in people.	1 2 3 4 5
Sympathize with others' feelings.	1 2 3 4 5
Have a soft heart.	1 2 3 4 5
Take time out for others.	1 2 3 4 5
Feel others' emotions.	1 2 3 4 5
Make people feel at ease.	1 2 3 4 5
Am not really interested in others.	1 2 3 4 5
Insult people.	1 2 3 4 5
Am not interested in other people's problems.	1 2 3 4 5
Feel little concern for others.	1 2 3 4 5

EMOTIONAL STABILITY	CHECK THE APPLICABLE NUMBER
Am relaxed most of the time.	1 2 3 4 5
Seldom feel blue.	1 2 3 4 5
Get stressed out easily.	1 2 3 4 5
Worry about things.	1 2 3 4 5
Am easily disturbed.	1 2 3 4 5
Get upset easily.	1 2 3 4 5
Change my mood a lot.	1 2 3 4 5
Have frequent mood swings.	1 2 3 4 5
Get irritated easily.	1 2 3 4 5
Often feel blue.	1 2 3 4 5

SAMPLE INTEGRITY ITEMS	CHECK THE APPLICABLE NUMBER
Am trusted to keep secrets.	1 2 3 4 5
Keep my promises.	1 2 3 4 5
Believe that honesty is the basis for trust.	1 2 3 4 5
Can be trusted to keep my promises.	1 2 3 4 5
Am true to my own values.	1 2 3 4 5
Lie to get myself out of trouble.	1 2 3 4 5
Am hard to understand.	1 2 3 4 5
Feel like an imposter.	1 2 3 4 5
Like to exaggerate my troubles.	1 2 3 4 5

Print Name Date

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PERSONNEL FILE

The following items must be in a new employees personnel file before they will be permitted to start training:

- Copy of Diploma for the highest degree obtained
- Official transcripts of highest degree obtained
- Declaration page of auto insurance indicating minimum personal liability coverage of 100,000/300,000
- Copy of driver's license
- Copy of social security card
- Employee physical examination

These items can be hand delivered, faxed (260-726-8535) or emailed (heidi.bouse@ysbjc.com)