



**Related Experience:** (e.g. volunteer work, course work, training, certifications, etc.)

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**Computer Skills:** Please list computer skills you have, include programs that you are proficient in using.

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**Military Experience:** Have you served in the U.S. Armed Forces? If yes, which branch. \_\_\_\_\_

Are you currently active?            YES        NO

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**Education:**

	Name & Location	Number of years completed	Did you Graduate?	Degree Earned
High School				
Business/Trade or Technical School				
College				
Graduate School				

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**Employment History:** Please provide accurate and complete information on all positions held within the past 10 years, beginning with the most recent. If additional space is needed, see the Juvenile Detention Officer at the front desk to obtain an additional employment information sheet.

Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
Reason for leaving:			May we contact for references?	YES    NO

Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
Reason for leaving:			May we contact for references?	YES    NO

Company Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor
Reason for leaving:			May we contact for references?	YES    NO

In your employment history, have you ever been disciplined, suspended, or terminated? If yes, explain. \_\_\_\_\_

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**Institutional Employment History:**

Have you ever been employed by, volunteered for or in any way been affiliated with a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?            YES        NO

If **YES** and **NOT** already listed in your prior employment history, please provide the following information:

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Institution Name & Address	Phone Number	Employment Dates	Position/Positions	Supervisor

Have you engaged in or been accused of engaging in sexual abuse, sexual harassment or sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, residential facility, or other institution?            YES        NO

If **YES**, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, victims lack of consent or victims inability to consent or refuse?            YES        NO

If yes, provide the following information regarding charge/incident:

Date	Location	Charge / Accusation	Sentence / Outcome

**Criminal History:** A local, state and national criminal history check, sex offender check, DCS check and a BMV check will be conducted on all persons prior to employment. Additional checks may be required for certain departments/positions.

Have you ever been convicted of a crime, or have current charges pending other than the above sexual related offenses that has NOT been expunged or sealed by the court?            YES        NO

If YES please provide dates and details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you possess a valid driver's license?        YES        NO                            If yes, in what state? \_\_\_\_\_

If no, do you have a suspended license?        YES        NO

Please explain the circumstances regarding the suspension. Also indicate when your license will be reinstated.

List any prior traffic violations: \_\_\_\_\_  
 \_\_\_\_\_

**References:** Please list three references that can speak to your skills and experience as a candidate for the position applied for. These should not be relatives.

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

Name:	Phone:
Street:	Occupation:
City:	State: ZIP

**Application Statement:** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, verbal communication, or by the conduct of either party unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. **I understand that I will be required to submit to a drug screen prior to employment and am subject to drug screens and/or breathalyzer tests at any time during my employment.** I understand that I am required to abide by the rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This form may not be compatible with all computer programs. If you experience a problem when submitting this form you may need to save a copy of the completed form to your computer and either attach the file through your email program sending to; [aphillips@madisoncounty.in.gov](mailto:aphillips@madisoncounty.in.gov) or print and mail a copy to; Madison County Youth Center, Attn: Amber Phillips, 3420 Mounds Road, Anderson, IN 46017.**