

East Arkansas Youth Services, Inc.

Name: _____ Applicant's copy

Items you must have to be considered for employment:

1. _____ Copy of Social Security Card
2. _____ Copy of Drivers' License
3. _____ Card Tag # _____
4. _____ Copy of Liability Insurance
5. _____ Copy of High School Diploma/GED/Degree
6. _____ Three (3) Letter of Recommendation (Please include phone numbers)
(1) From a Former Employer

*****A resume may be attached, but in no way is it considered a substitution for a completed application. All areas of the application must be filled out completely to be considered for employment. *****

Application for Employment

East Arkansas Youth Services, Inc.
104 Cypress Avenue
Marion, Arkansas 72364
(870) 739-4219

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____
Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE
Address _____
STREET CITY STATE ZIP CODE Social Security # _____
Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ (____) _____ : _____ AM
PM

Are you at least 21 years of age?(This is a requirement of childcare license) _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____ / /

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____/____/____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO
STARTING JOB TITLE / FINAL JOB TITLE			
		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	PER
REASON FOR LEAVING			
		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO
STARTING JOB TITLE / FINAL JOB TITLE			
		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	PER
REASON FOR LEAVING			
		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
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		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	PER
REASON FOR LEAVING			
		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
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REASON FOR LEAVING			
		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE OR DIPLOMA	D. GRADE POINT AVERAGE	E. MAJOR FIELD OF STUDY	F. MINOR FIELD OF STUDY (if applicable)

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	PHONE NUMBER	RELATIONSHIP
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ASSOCIATION NAME	OFFICE HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

**East Arkansas Youth Services, Inc.
Authorization for Verification of Employment**

Applicant's Name	
SS#	I hereby authorize you to provide any information you may have regarding my job performance and character.
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> </div>	
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Applicant's Signature Date </div>	

To Whom it May Concern:

The applicant named above has recently submitted an application for employment with East Arkansas Youth Services, Inc. Please complete this sheet for verification of his/her employment with your company.

Company Name		
Final Position Applicant Held		
Note: If starting position was different.		
Employed	From	To
Responsibilities:		

	Employment Evaluation (X) Appropriate Boxes				
	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Initiative					
Job Knowledge					
Quality of Work					

Additional Comments:	
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Eligible for Rehire?	Reason for Leaving:
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature	Title	Date
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If this is a phone reference:			
Name of Person and Title giving the phone reference	Date	Phone Reference Check	
		Conducted by	

East Arkansas Youth Services, Inc.
104 Cypress Avenue
Marion, Arkansas 72364

Authorization for Criminal Records Check

I authorize East Arkansas Youth Services to perform a Child Maltreatment and Criminal Background Check for the purpose of employment.

Name: _____
(Please Print)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Race: _____ Gender: _____

Social Security Number: _____

Driver's License:

State: _____ Driver's License #: _____

Have you lived in any other state? _____

If **yes**, list what other state(s): _____

I understand that my continued employment is contingent upon passing the child maltreatment and criminal background checks.

Signature

Date

Employee Affidavit on Child Maltreatment Background and Criminal Record History Check

****COMPLETE AT SAME TIME BACKGROUND CHECK REQUEST FORMS ARE COMPLETED AND
RETAIN IN EMPLOYEE FILE****

I, _____, Social Security Number ____/____/____, date of birth
____/____/____, certify that I have never been listed on a child maltreatment central registry in
any state as a perpetrator of child maltreatment nor have I ever been convicted of a felony,
except as listed below:

Founded Child Maltreatment or Felony Conviction (s)
(when/where/for what/sentence)

The subject may challenge the accuracy and completeness of any information in any such report
and obtain prompt determination as to the validity of such challenge before a final
determination is made by the Child Welfare Agency Review Board with respect to their
employment status or licensing status:

Notification that the subject of the check may be denied a license or exemption to operate a
child welfare agency or may be denied unsupervised access to children in the care of a child
welfare agency due to information obtained by the check which indicated that the subject of the
check has been convicted of, or is under pending indictment for, a crime listed in the act;

Notification that any background check and the results thereof shall be handled in accordance
with the requirements of P.L. 92-544.

Signature of Employee _____
Date

State Of _____ County of _____

Subscribed and Sworn TO BEFORE ME this _____ day
of _____, 20____.

Date of Expiration _____
Notary Public

AGENCY LICENSE # 177/178

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLYCHILDHOOD EDUCATION
PLACEMENT AND RESIDENTIAL LICENSING UNIT
Authorization for release of confidential information:
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot S- 566, P.O. Box 1437, Little AR 72203. This fee maybe waive for non-profits who provide proof of 501(c) (3) status. Allow 7 – 10 business days for processing.

This information should be addressed to:

Name/Title (print)

East Arkansas Youth Services, Inc.
Agency Requesting the Report

104 Cypress Avenue
Marion, Arkansas 72364
Address (physical)

870-739-4219
Telephone #

870-739-4479
Fax #

Address (provide mailing, if different than physical)

Date of Request

Name of Applicant: _____
Maiden Name/Other Names Used: _____
Race: _____ Sex: _____ Age/DOB: _____/_____ SSN: _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____
DOB/Age: _____/_____
Relationship: _____
SS# (if Known): _____

Full Name: _____
DOB/Age: _____/_____
Relationship: _____
SS# (if Known): _____

Full Name: _____
DOB/Age: _____/_____
Relationship: _____
SS# (if Known): _____

Full Name: _____
DOB/Age: _____/_____
Relationship: _____
SS# (if Known): _____

Present Address: (since ___/___/___)

Street: _____

City, State, Zip: _____

Previous Addresses (from the last six years):

1.) _____ 2.) _____

 From _____ to _____ From _____ to _____

3.) _____ 4.) _____

 From _____ to _____ From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1.) _____ 2.) _____

 From _____ to _____ From _____ to _____

3.) _____ 4.) _____

 From _____ to _____ From _____ to _____

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

_____/_____
SIGNATURE OF PERSON TO BE CHECKED DATE

County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____, _____.

My commission expires: _____

Notary Public

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Initials and Date _____

SEND A COPY OF THE RESULTS CONTAINING TRUST REPORTS TO: PLACEMENT AND RESIDENTIAL LICENSING UNIT, 2017 E. RACE AVENUE, SEARCY, AR 72143 PHONE: 501-268-2714

**Arkansas Department of Human Services
Division of Child Care and Early Childhood Education
Placement and Residential Licensing Unit**

STATE POLICE CRIMINAL RECORD CHECK

Mail completed form and \$25 check or money order made out to the Arkansas State Police to:
ASP-ID Bureau 1 State Police Plaza Dr. Little Rock, AR 72209

LEGAL NAME: _____
Last (Include Jr., II, III)
First
Middle

MAIDEN NAME: _____ PHONE NUMBER: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES (If yes, please provide a description of the crime and the particulars of the conviction.)

I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with requirements of Pub. L. No. 92-544.

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO ARKANSAS DHS PLACEMENT AND RESIDENTIAL LICENSING UNIT AND THE FOLLOWING PERSON OR ENTITY:

East Arkansas Youth Services, Inc.	870-739-4219
Child Welfare Agency	Agency Representative
	Phone

MAILING ADDRESS:

104 Cypress Avenue	Marion,	AR	72364
Street	City	State	Zip

 Signature of Applicant/Employee

 Date

State of Arkansas, County of _____ Subscribed and sworn before me a Notary Public in and for the county and state aforesaid, this ____ day of _____, 20 ____.

 Notary Public

My Commission Expires on: _____

**DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY**

Print all information in ink

Name	Date of Birth
Maiden and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years _____ _____ _____ _____	Dates (From/To) _____ _____ _____ _____

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreat Central Registry in accordance with Arkansas Code [ACA 5-28-213 (a) (8) (A)] to East Arkansas Youth Services, Inc., 104 Cypress Avenue, Marion, Arkansas 72364.

Attn: Rachel Hess

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

Notarization Required

County of _____

State of _____

Acknowledged before me this _____ day of _____, 20_____.

(Notary Public)

(My Commission Expires)

The above listed applicant was _____/was not _____ found in the Adult Maltreatment Central Registry.

Mail Completed forms to : Adult Protective Services
 Adult Maltreatment Central Registry
 PO Box 1437, Slot S-540
 Little Rock, AR 72203