

Application for Employment

Consolidated Youth Services, Inc.

4220 Stadium Blvd., Jonesboro, AR 72404

Telephone 870-972-1110

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied for: _____

Referral Source: Advertisement Friend (name) _____

Relative (name) _____ Other _____

First Name: _____ Last Name _____ SS# _____

Address _____

Number Street City State Zip

Phone # () _____ Email _____

Are you at least 21 years old? No (list age) _____ Yes

Have you filed an application here before? No Yes Dates _____

Have you ever been employed here? No Yes Dates _____

Are you a citizen of the United States? No Yes

If not a citizen do you possess an Alien Registration Card Yes No

If yes, give Alien Registration Number: _____

Which of the following are you available to work? Full Time Part Time Shift Work

Which shifts are you able to work? Days Evenings Nights

Do you have a valid Arkansas Driver's License? Yes No

Do any of your friends or relatives work for CYC? Yes No

If yes, list name(s): _____

Have you been convicted of a felony or misdemeanor? Yes No If yes, explain: **(WHAT & WHEN)**

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Are you a veteran of the U.S. military service? Yes No

If yes, what was your branch of U.S. military service? _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If yes, please explain: _____

What foreign languages do you speak, read, and/or write?		Fluently	Good	Fair
	Speak			
	Read			
	Write			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin.):

Give name, address and phone number of three (3) references not related to you.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please check and sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If additional space is needed, please continue on a separate sheet.

Summarize special skills and qualifications acquired from employment or other experience:

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

List all states where you have lived in the past 5 years and note the dates you lived there:

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview (2) may result in discharge. I further understand that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

For Agency Use Only

Arrange Interview: Yes No

Remarks: _____

Interviewer: _____ Date Interviewed: _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Location: _____

CYS Direct Care Work Schedules

Mark schedule(s) that you **PREFER** to work

(Most day shift openings go to current employees)

M-F 7:30 AM- 3:30 PM

Evenings- ROTATION A – (work THURS, FRI, SAT & Every other Wednesday) & (Off SUN, MON, TUES, & Every other wed) 2PM - 10:30 PM on Wed, Thurs & Friday and Saturday 9:30 AM to 10:30 PM

Evenings- ROTATION B – (work SUNDAY, MON, TUES & Every other Wednesday) & (off THURS, FRI SATURDAY & Every other wed) 2PM - 10:30 PM Mon, Tues, Wed and Sunday 9:30 AM to 10:30 PM

Nights- Rotating - 4 days On/4 days off when scheduled on Sun-Thursday 10:30 PM – 8:00 AM next day & Fri 10:30 PM to Sat 9:30 AM and Sat 10:30 PM to Sun 9:30 AM

Part time staff ONLY Saturday 7 AM – 9 PM

Part time staff ONLY Sunday 7 AM – 9 PM

Mark any schedule(s) which you **ARE ABLE** to work

M-F 7:30 AM- 3:30 PM

Evenings- ROTATION A – (work THURS, FRI, SAT & Every other Wednesday) & (Off SUN, MON, TUES, & Every other wed) 2PM - 10:30 PM on Wed, Thurs & Friday and Saturday 9:30 AM to 10:30 PM

Evenings- ROTATION B – (work SUNDAY, MON, TUES & Every other Wednesday) & (off THURS, FRI SATURDAY & Every other wed) 2PM - 10:30 PM Mon, Tues, Wed and Sunday 9:30 AM to 10:30 PM

Nights- Rotating - 4 days On/4 days off when scheduled on Sun-Thursday 10:30 PM – 8:00 AM next day & Fri 10:30 PM to Sat 9:30 AM and Sat 10:30 PM to Sun 9:30 AM

Part time staff ONLY Saturday 7 AM – 9 PM

Part time staff ONLY Sunday 7 AM – 9 PM

Mark any schedule(s) that you **ABSOLUTELY CAN NOT** work

M-F 7:30 AM- 3:30 PM

Evenings- ROTATION A – (work THURS, FRI, SAT & Every other Wednesday) & (Off SUN, MON, TUES, & Every other wed) 2PM - 10:30 PM on Wed, Thurs & Friday and Saturday 9:30 AM to 10:30 PM

Evenings- ROTATION B – (work SUNDAY, MON, TUES & Every other Wednesday) & (off THURS, FRI SATURDAY & Every other wed) 2PM - 10:30 PM Mon, Tues, Wed and Sunday 9:30 AM to 10:30 PM

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Applicant Name _____ DATE _____

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Will you be attending college this semester?

NO I am not attending college this semester

Yes I am attending college and I will be in class as follows:

Monday _____ to _____ _____ to _____ _____ to _____

Tuesday _____ to _____ _____ to _____ _____ to _____

Wednesday _____ to _____ _____ to _____ _____ to _____

Thursday _____ to _____ _____ to _____ _____ to _____

Friday _____ to _____ _____ to _____ _____ to _____

Do you have another job you intent to keep if hired by CYS?

NO, I will not be working another job if hired by CYS

YES, I intend to continue working at _____

My work hours there will be as follows:

Monday _____ to _____ _____ to _____

Tuesday _____ to _____ _____ to _____

Wednesday _____ to _____ _____ to _____

Thursday _____ to _____ _____ to _____

Friday _____ to _____ _____ to _____

Saturday _____ to _____ _____ to _____

Sunday _____ to _____ _____ to _____