

Applicant Data Record

All qualified applicants are considered for employment. All employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, citizenship, disability, handicap, or Vietnam-era veteran status, except where sex is a *bona fide* occupational qualification or physical or mental job qualifications are related, consistent with business necessity and safe performance of the job.

Lutheran Child and Family Services comply with all applicable government regulations concerning equal employment opportunity and affirmative action.

To help Lutheran Child and Family Services comply with such government regulations, Lutheran Child and Family Services requests that you complete the Applicant Data Record.

Please be advised that submission of this form is voluntary. You will *not* be subjected to any adverse treatment if you do not provide the information requested.

This data will be kept in a separate file from the Application for Employment.

(Please Print)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone _____

Address _____
Number Street City State Zip Code

Sex Classification (check one): Male Female

Race/Ethnic Group (check one): Caucasian African American Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Disabled and Veteran Status:

Are you a disabled veteran?
 Yes No

Are you a Vietnam veteran who served on active duty for more than 180 during the Vietnam era?
 Yes No

Handicapped Status:

If you have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner.

Are you a handicapped individual or do you have any physical or mental condition or handicap that may limit your ability to perform the position(s) for which you are applying?
 Yes No

If yes, do you possess or can Lutheran Child and Family Services provide you with any special methods, skills or procedures that might qualify you for positions you might not otherwise be able to do because of your handicap or condition?
 Yes No

You are not required to provide the above information concerning a handicap. If you do, efforts will be made to keep the information confidential, with the following exceptions:

- Supervisors or managers may be informed if accommodations are necessary or if your work duties are restricted
- First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment.
- Government representatives may be provided information in compliance with various laws and regulations.

Signed _____



Lutheran Child and Family Services of IN/KY
1525 North Ritter Avenue
Indianapolis, Indiana 46219-3096
(317) 359-5467

APPLICATION FOR EMPLOYMENT

Lutheran Child and Family Services is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, handicap, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Lutheran Child and Family Services will comply with its legal obligation to provide a reasonable accommodation to qualified individuals with disabilities.

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ **Social Security Number** _____ - _____ - _____

Position(s) Desired: _____ **Salary Expected:** _____

Are you available for work: Full-Time Part-Time On Call Over-Time

On what date would you be available for work? _____

List any days and times you are not available for work: _____

Are you on a lay-off and subject to recall? Yes No

Have you ever filed an application here before? Yes No if yes, give date(s) _____

Have you ever been employed here before? Yes No if yes, give date(s) _____

Do you have any relatives that are employed here? Yes No if yes, list them by name below

FOR OFFICE USE ONLY

Position Applying for _____ Interview Date _____

____ Lutherwood ____ LCFS 2nd Interview Date (if applicable) _____

Date of Application _____ Position _____

Approved By _____ Rate of Pay _____

Why did you apply for a position at Lutheran Child and Family Services? _____

What makes you think you would make a valuable employee of Lutheran Child and Family Services? _____

Can you, after employment submit verification of your legal right to work in the U.S.? Yes No
Are you 21 years of age or older? Yes No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation?
(Conviction or plea will not necessarily disqualify applicant from employment) Yes No

If yes, please explain: _____

Education

Type of School	Name of School City and State	Number of Years Completed	Graduate		Course Pursued/Degree Granted
			Yes	No	
Senior High School					
College or University					
Business, Trade or Vocational School					
Correspondence or Special School					

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work or military service:

List any specific skills you have that will be helpful in performing the responsibilities of the position(s) for which you are applying:

Employment Record

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **Do not omit any employment.**

<i>Employer</i>	<i>Employment Dates</i>	<i>Type of Work Performed</i>
Name:	From:	
Address:	To:	
Telephone Number: ()	<i>Salary/Hourly Rate</i>	
	Starting: Final:	Reason for Leaving:
Job Title:	Immediate Supervisor:	
<i>Employer</i>	<i>Employment Dates</i>	<i>Type of Work Performed</i>
Name:	From:	
Address:	To:	
Telephone Number: ()	<i>Salary/Hourly Rate</i>	
	Starting: Final:	Reason for Leaving:
Job Title:	Immediate Supervisor:	
<i>Employer</i>	<i>Employment Dates</i>	<i>Type of Work Performed</i>
Name:	From:	
Address:	To:	
Telephone Number: ()	<i>Salary/Hourly Rate</i>	
	Starting: Final:	Reason for Leaving:
Job Title:	Immediate Supervisor:	
<i>Employer</i>	<i>Employment Dates</i>	<i>Type of Work Performed</i>
Name:	From:	
Address:	To:	
Telephone Number: ()	<i>Salary/Hourly Rate</i>	
	Starting: Final:	Reason for Leaving:
Job Title:	Immediate Supervisor:	

May we contact all of your past employers? Yes No
 If not, please indicate which one(s) you **DO NOT** want us to contact and state the reason why you prefer that we do not contact the employer(s): _____

May we contact your present employer? Yes No
 If not, please state the reason why: _____

Is any additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your employment record? Yes No
 If yes, please explain: _____

Have you ever worked under a different name? Yes No
 If so, what was the name? _____

Have you ever been discharged or asked to resign from any position? Yes No
 If yes, please state the employer and dates of employment: _____

Please explain: _____

Which of your previous positions did you like the best? _____

Why? _____

Which of your previous positions did you like the least? _____

Why? _____

Can you perform the essential functions of the job for which you are applying? Yes No

Who should we contact in case of emergency? _____

(Relationship)

(____)

Name Address Telephone Number

Personal References

List the names, addresses, and telephone numbers of three references who are not related to you and are not previous employers:

1) _____ (____)
 Name Address City/State/Zip Code Telephone Number

2) _____ (____)
 Name Address City/State/Zip Code Telephone Number

3) _____ (____)
 Name Address City/State/Zip Code Telephone Number

Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information in my application may result in discharge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation and personal characteristics, as well as information about my work performances and workplace conduct. I consent to this investigation and to the consideration of any statements of references of former employees that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to Lutheran Child and Family Services, personal references and previous employers from any and all liability for any damage that may result from their furnishing information to Lutheran Child and Family Services, concerning me or any action Lutheran Child and Family Services takes on the basis of such information.

_____ I understand that if I am offered a job, as a condition of beginning my employment and at any time thereafter, I may be required to undergo a physical examination and/or drug and alcohol screening as Lutheran Child and Family Services deem necessary. I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that as a condition of beginning my employment, I will be subject to a criminal history check as required by the State of Indiana.

_____ I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if an alien, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Lutheran Child and Family Services is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Lutheran Child and Family Services, or by me. I further understand that Lutheran Child and Family Services has the right to modify, amend or terminate policies, practices, handbooks, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Lutheran Child and Family Services, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding of Lutheran Child and Family Services.

_____ I understand that if hired, I will be required to comply with all of the rules and regulations of Lutheran Child and Family Services. I further understand that the benefits, rules, and regulations of Lutheran Child and Family Services may be changed, modified, deleted, or added to by Lutheran Child and Family Services at any time at the sole option of Lutheran Child and Family Services and without any prior notice.

_____ I understand that Lutheran Child and Family Services has the right to search anything brought onto or removed from the organization's premises including, but not limited to desks, lockers, tool boxes, packages, brief cases, lunch bags and meal containers, purses and automobiles.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

****This application will remain on file for 1 year and will not be considered after that time****

NOTICE
STATE OF INDIANA
DRUG-FREE WORKPLACE CERTIFICATE

This certification is required by Executive Order No. 90-5, April 12, 1990, issued by the governor of Indiana. Pursuant to its delegated authority, the Indiana Department of Administration is requiring the inclusion of this certification in all contracts with and grants from the state of Indiana in excess of \$25,000. No award of a contract or grant shall be made, and no contract, purchase order or agreement, the total of which exceeds \$25,000, shall be valid unless and until this certificate has been fully executed by the Contractor or Grantee and attached to the contract or agreement as part of the contract documents. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of the contract payments, termination of the contract or agreement and/or debarment of contracting opportunities with the State for up to three (3) years.

The Contract/Grantee certifies and agrees that it will provide a drug-free workplace by:

- a) Publishing and providing to all its employees a statement notifying employees that the unlawful manufacture, distribution, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- b) Establishing a drug-free awareness program to inform employees about (1) the dangers of drug abuse in the workplace; (2) The Contractor's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; (4) the penalties that may be imposed upon an employee for drug abuse violations in the workplace.
- c) Notifying all employees in the statement required by subparagraph (a) above that, as a condition of continued employment, the employee will (1) abide by the terms of the statement; and (2) notify the employer of a criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- d) Notifying in writing the contracting State Agency and the Indiana Department of Administration within ten (10) days after receiving notice from an employee under subdivision (2) above, or otherwise receiving actual notice of such conviction;
- e) Within thirty (30) days after receiving notice under subdivision (2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement or other appropriate agency; and
- f) Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (a) through (e) above.

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE DESIGNATED ORGANIZATION.

Lutheran Child and Family Services
Print Name of Organization

N/A
Requisition/Contract/Grant ID Number

Signature of Authorized Representative

12/1/2006
Date

Michael Johnson, Executive Director
Print Name and Title

Initials of Applicant

Date

INDIANA DEPARTMENT OF CHILD SERVICES

Residential Licensing Application LCPA Licensing Application Employment Volunteer/ Intern Contractor

**INFORMATION CONCERNING BACKGROUND CHECKS FOR
LCPA/RESIDENTIAL LICENSING/EMPLOYEES/VOLUNTEERS/CONTRACTORS**

This page is to be presented by Agency to the employee/volunteer

I understand that the Department of Child Services (DCS) requires a background check to be conducted on the applicant prior to the issuance of a LCPA or Residential license, managers and directors of facilities where children will be placed, each DCS contractor and the employees and volunteers of these agencies that will have direct contact on a regular and continuing basis with children supervised by the Agency. For that reason, I am providing information about myself. I understand that this information will be used only for this purpose and will not be disclosed to anyone except as necessary for the completion of these procedures. The checks will include the following sources:

- 1) Limited criminal history data maintained in the records of the Indiana State Police.
- 2) Juvenile history data maintained in the records of the Indiana State Police that has not been sealed under Indiana law.
- 3) A national fingerprint-based criminal history background check through the FBI.
- 4) A check of child protection services records maintained by the department, any county office, or any agency in another jurisdiction where I have resided, regarding any substantiated finding of child abuse or neglect.
- 5) A check of the sex and violent offender registry for Indiana or any other state.
- 6) A check of local police and sheriff records.

I must be fingerprinted at a LCFS designated fingerprinting facility. _____
Initials

I must present valid identification and complete all required information on forms to my employer or volunteer agency. _____
Initials

To receive a copy of a substantiated CPS investigation, I must make a written request to the local DCS office where the report was substantiated. _____
Initials

National Criminal or Juvenile History Appeals: The subject of a record may initiate a challenge as to the accuracy/completeness of any entry on his/her record. For Indiana entries on the report, challenges should be directed to the Indiana State Police, Records Division, Indiana Government Center North, Room N302, 100 North Senate Ave., Indianapolis, IN 46204. For federal entries on the report, challenges should be directed to: FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. **All Other Criminal/Civil History Appeals:** The local DCS office will provide contact information for the appropriate agency.

LUTHERAN CHILD AND FAMILY SERVICES
Authorization to Obtain Background Checks
Release of Information for Employment Purposes

I hereby authorize Lutheran Child and Family Services and its designated agents and representatives to conduct a comprehensive review of my background through an investigative report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge of me to furnish Lutheran Child and Family Services or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Lutheran Child and Family Services and its agency, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with the authorization and request to release.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Please Print Clearly

Full Name: _____

Other names used: _____

Street Address: _____

City/State/Zip: _____

Telephone #: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____

Driver's License #: _____

State Issued: _____

Signature: _____

Date: _____