



P.O. Box 3964
Batesville, AR 72503
☎ (870) 793-6841
☎ (870) 793-9012
youthranches.com

Notice to Applicants

Please read carefully before completing this application

- The Arkansas Sheriffs' Youth Ranches, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, or religion.
- An applicant will not be given employment consideration unless the applicant fills out the **entire application form**. EACH APPLICANT MUST SIGN AND DATE THE APPLICATION. Applicants are encouraged to attach an original resume to supplement their application.
- The applicant should provide correct telephone numbers and addresses where he or she can be contacted; should either change, please notify the Ranch.
- If an applicant is selected for an employment interview, the appropriate hiring official will contact the applicant. Selection is made from among the best qualified applicants.
- All applications are processed at the main headquarters located in Batesville. Please be sure to mail your completed application to the following address:

Arkansas Sheriffs' Youth Ranches, Inc
Attn: Human Resources
P.O. Box 3964
Batesville, AR 72503

ARKANSAS SHERIFFS' YOUTH RANCHES, INC

APPLICATION FOR EMPLOYMENT

Position Applying for _____ Date of Application _____

INSTRUCTIONS

Application must be printed legibly in ink or typewritten. **All** questions must be answered. Applications that are not complete will not be considered. If space provided is not sufficient for the completion of answers, or you wish to provide additional information, attachments may be added to the application.

PERSONAL HISTORY

(Last Name) (First) (Middle) (Former Name, Maiden Aliases, Nickname, etc)

Residence Address)

(City) (County) (State) (Zip Code)

() ()
(Home Telephone Number) (Other)

Are you prevented from lawfully becoming employed in the United States? Yes No

Will you travel if your job requires it? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Languages spoken fluently _____

EDUCATION/TRAINING

High School Name/Address	Years Completed	Did You Graduate	Type of Diploma

College or University Name/ Address	Years Completed	Did You Graduate	Type of Diploma

Major _____ Minor _____

Trade, Vocation, Business or Military School(s) Name/Address	Years Completed	Did You Graduate	Type of Diploma

Child Care Experience: _____

Hobbies or interests: _____

RESIDENCES

Please list in date order beginning with current address, your actual places of residence for the past ten (10) years.

From: Mo/Yr	To: Mo/Yr	Street Address	City	County	State	Zip

Do you currently have any children residing with you? Yes No If yes, please list name(s) and age(s) of child(ren). _____

Is there any type of work that your physical condition would prohibit, or have you ever been advised by a physician not to perform certain types of work? Yes No If yes, please explain. _____

COURT/CRIMINAL HISTORY

Our licensing regulations require a complete Criminal History and Child Maltreatment Central Registry background checks:

Have you ever been arrested for any violation of the law other than a minor traffic violation? Yes No If yes, explain. _____

Have you ever been convicted of a crime? Yes No If yes, explain. _____

DRIVING HISTORY

Are you licensed to drive a vehicle? Yes No License No.: _____

Date of Expiration: _____ State of Issue: _____ Restrictions _____

Do you hold or have you ever held a driver's license in another state? Yes No If yes, please provide state, name used and approximate dates license was held. _____

During the past five years, have you received a ticket or been charged with a traffic violation? Yes No If yes, please provide details. _____

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide details. _____

PERSONAL REFERENCES & ACQUAINTANCES

Give four (4) references (not relatives, former or present employers, or fellow employees) who have known you for the past three (3) years.

NAME		Home Address:
Yrs. Acquainted	How Acquainted	City, State, Zip:
NAME		Home Address:
Yrs. Acquainted	How Acquainted	City, State, Zip:
NAME		Home Address:
Yrs. Acquainted	How Acquainted	City, State, Zip:
NAME		Home Address:
Yrs. Acquainted	How Acquainted	City, State, Zip:

EMPLOYMENT HISTORY

List in date order all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Month/Year		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone Number						

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have had? Yes No If yes, please provide details. _____

Have you resigned, or left a job by mutual agreement following allegation of misconduct or unsatisfactory job performance? Yes No If yes, please provide details. _____

Do you have any objection to us contacting your present and previous employers?
Yes No

If yes, explain. _____

COMMENTS BY APPLICANT

This space is provided for additional comments that you feel may be pertinent to your qualifications for employment with the Arkansas Sheriffs' Youth Ranches, Inc.

APPLICANT'S CERTIFICATION

I certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that any employment offered to me will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis of my disqualification as an applicant, or my dismissal from the employment of the Arkansas Sheriffs' Youth Ranches, Inc.

I agree that this employment application shall be the property of the Arkansas Sheriffs' Youth Ranches, Inc.

I understand that, if hired, I am an employee "at will" for no definite duration, and I have the option to terminate my employment relationship with the Arkansas Sheriffs' Youth Ranches, Inc., with or without cause and without notice at any time, and that the Arkansas Sheriffs' Youth Ranches, Inc. retains a similar right. I further understand that these policies do not create a contract between the Arkansas Sheriffs' Youth Ranches, Inc., and me or form the basis of an implied contract.

Applicant's Signature

Date

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: _____

SSN: _____

I, _____, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO:

Arkansas Sheriffs' Youth Ranches, Inc,
Attn: Lisa Slisher
P.O. Box 3964
Batesville, AR 72503

This consent is valid for a period of six (6) months form the date indicated. A copy shall serve as an original.

Signature of Applicant: _____

Date: _____

Instructions to Current/Former Employer

The individual named above has applied for employment with our company. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

PLEASE RETURN THE COMPLETED FORM TO THE ARKANSAS SHERIFFS' YOUTH RANCHES, INC. IN THE ENCLOSED RETURN ENVELOPE.

Date and duration of employment: _____

Current or last rate of pay and wage history: _____

Current or last job description and duties: _____

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (See date above): _____

Attendance history: (Excluding any qualifying leave under FMLA) _____

Results of drug and/or alcohol tests administered with within the last year: _____

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: _____

Was his/her separation from employment voluntary involuntary?

What was the reason for the applicant's separation from the employment? _____

Is the applicant eligible for rehire? Yes No

Printed Name and Title of Representative Providing Information

Date

Signature

Phone Number

EMPLOYMENT SURVEY

Arkansas Sheriffs' Youth Ranch is an equal opportunity employer and does not discriminate against any employee or applicant for employment due to race, color, gender, age, marital status, sexual orientation, pregnancy, national origin, religion or belief, political affiliation or opinion, disability or any other legally protected or non-merit factor.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on this information. This data is kept in a confidential file and **is not** a part of your Application for Employment.

This information will be detached from the application form upon submission to Human Resources and will be used to conform with Equal Employment Opportunity Commission guidelines concerning application statistics.

Position applying for: _____

Name		
Address		
City	State	Zip
Social Security Number:		

Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	
Check One of the Following (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check if any of the following are applicable:		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Legally Separated	
Check if any of the following are applicable:		
<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Disabled Individual