Correctional Solutions Group, LLC



Section A Employment Application								
Name (Last, First,	MI)							Last
Street Address								Last Name,
City, State, Zip								, First
Sex: □Male □ Fe	emale	Date of Birth	irth		Ethnic Group (Optional)		First Name:	
Home Phone		Cell Phone				Emergency Co	Emergency Contact	
Work Number		Today's Date				E-mail Addres	S	
Social Security N	lumber		Driver's	license nu	umber/sta	ate/ expiration		
Section B		Empl	oyment	Desired	l			
Position applied	for:			Date Ava	ilable:			
How did you hea	ar about this po	sition?						
Desired hours (full time, part time, shifts) Can you work all shifts?								
Section C			Educati	ion				
	Name and Ad		Course	of	Total Y		Degree/	Hire
112.1	School		Study		Of Stud	dy	Diploma	
High School								Date
Undergraduate								<u> </u>
College								
Graduate/								
Professional								
Other								
(Specify)			. 15					
List any seminar (if you need add				ove which	may help	quality you for	this position	
(ii you need add	itional space, p	iease use page 7).					



Section D

Prison Rape Elimination Act (PREA)

Correctional Solutions Group, LLC is required by PREA Standards to contact all prior institutions for information to be used in the background check process. If you have never been an employee, volunteer, or contractor with an institution check the box below. Failure to complete this section will exclude you from consideration for employment.

List all institutions here where you have been employed, volunteered at or contracted with, presently or any time in the past. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for the purpose of receiving care or treatment (e.g., adjudicated delinquent, neglected, place in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long=term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.).

If you check this box proceed to Section E. Employn					
 Institution/Agency Name: 	Web Site Address:				
	www.	T			
Complete Street Address:	Start Month/Year:	End Month/Year			
City, State, Zip Code:	Position Title:				
Phone Number (include Area Code)					
Contact Person:	□Employee	□Employee			
	□Volunteer				
Short Description of Duties:	□Contractor				
	□Other				
Institution/Agency Name:	Web Site Address:				
	www.				
Complete Street Address"	Start Month/Year:	End Month/Year			
City, State, Zip Code:	Position Title:				
Phone Number (include Area Code)					
Contact Person:	□Employee				
	□Volunteer				
Short Description of Duties:	□Contractor				
•	□Other				



Section E

Employment History

List below all present and past e		·		•
Account for all periods of unempyour current employer? YES		ist complete this sec	tion even if attach	ing a resume. May we contact
your current employer: 12 TES	LINO			
1 st Employer (current ☐ Yes ☐	No)	Start	End	Essential Job Functions of
		Date	Date	Final position
Address				
City, State, Zip		Starting Salary	Ending Salary	
Phone number		Salary	Sulary	
Fax number	Si	upervisor(s)	1	
Job Position(s)	E-	-mail address of sup	ervisor	
Reason(s) for leaving				
What value did you add to this co				
2nd Employer		Start	End	Essential Job Functions of
2nd Employer		Start Date	End Date	Essential Job Functions of Final position
2nd Employer Address				
		Date Starting	Date Ending	
Address		Date	Date	
Address City, State, Zip Phone number		Date Starting Salary	Date Ending	
Address City, State, Zip	Sı	Date Starting	Date Ending	
Address City, State, Zip Phone number		Date Starting Salary	Date Ending Salary	
Address City, State, Zip Phone number Fax number		Starting Salary upervisor(s)	Date Ending Salary	
Address City, State, Zip Phone number Fax number Job Position(s)	E	Starting Salary upervisor(s) -mail address of sup	Date Ending Salary	
Address City, State, Zip Phone number Fax number Job Position(s) Reason(s) for leaving	E	Starting Salary upervisor(s) -mail address of sup	Date Ending Salary	
Address City, State, Zip Phone number Fax number Job Position(s) Reason(s) for leaving	E	Starting Salary upervisor(s) -mail address of sup	Date Ending Salary	



Employment History			
3 rd Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of sup	ervisor	
Reason(s) for leaving			
What value did you add to this company or its compa	ustomers?		
4 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number			
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of sup	ervisor	
Reason(s) for leaving			
What value did you add to this company or its compa	ustomers?		



Employment History			
5 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number	,	,	
Fax number	Supervisor(s)	1	
Job Position(s)	E-mail address of sup	ervisor	
Reason(s) for leaving	<u> </u>		
6 th Employer	Start Date	End Date	Essential Job Functions of Final position
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone number	,	,	
Fax number	Supervisor(s)		
Job Position(s)	E-mail address of sup	ervisor	
Reason(s) for leaving	<u> </u>		
What value did you add to this company or its cu	ustomers?		



A. Additional Information					
business or civic activities offices held. You may e membership that would gender, race, religion, no origin, ancestry, age, disability any other protected status.	s and xclude _ reveal ational _ lity or				
List any languages other than	English tha	at you can speak, read o	r write that could be of benefit to t	the position applied for:	
		Fluent	Good	Fair	
Speak					
Read					
Write					
	•				
Identify formal job training the relates to this position:	nat				
Identify what skills or certification you possess related to this position:					
If you are hired, what value would you add t o our company?					
Describe what you believe are the unique feature of your work history:					



Additional Information continues		
Have you ever been employed with this or any other counseling/corrections agency or company before? If Yes, when?	□Yes	□ No
Do you have any friend or relatives employed by this company? If Yes, pleas provide their names and relationship to you:	□Yes	□No
Are you currently employed? May we contact your employer? Are you currently on "lay off" status and subject to recall?	□ Yes □ Yes □ Yes	□ No □ No □ No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	□ Yes	□No
Are you able to perform all of the essential functions of the job for which you are applying with	□Yes	□No
or without reasonable accommodation? ———————————————————————————————————	□ Yes	□No
If driving is a requirement of the position applied for, in the last 7 years: Have you been convicted of Driving Under the Influence "(DUI)", reckless driving, we-reckless, had a chargeable chargeable accident or moving violation, or had any other driving incident or action which would appear on your driving record when we request it from the DMV?	□Yes	□ No □ NA
If hired, do you have a reliable means of transportation to and from work? If hired, would you be able to travel or work overtime as needed? Have you ever been convicted of a felony or misdemeanor? If Yes, please explain:	□ Yes □ Yes □ Yes	□ No □ No □ No



B. References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Additional Space		
Additional space provided to explain on any points	s or questions asked previously	in this application.



PLEASE USE ADDITIOANL PAPER IF NECESSARY

C. Acknowledgment of Understanding

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make the employment decisions based on merit. We are committed to complying with all Federal,

State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

This company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows.: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) Submission to such conduct is made whether explicitly or implicitly to term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is use as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose of effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to applicants concerning "Drug-Free Workplace" and Drug/Alcohol Testing

—We operate under federal drug-free workplace requirement. If you are offered a position with the company, you may be given a drug/alcohol test as a condition of employment, and this testing may be repeated on a random basis throughout your employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. Negative ("clean") test results are required as a condition of employment.

Complete and Accurate Information

—I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.



Acknowledgment of Understanding continues

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship ant any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

——If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job. I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

—I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature	Date



For Personnel Department Use Only INTERVIEW CHECKLIST 1. Application reviewed on 2. Denial Letter Sent 3. Interview letter sent or phone contact made 4. Interview scheduled for **ADDITIONAL NOTES:**