

KCSI is an EEO Employer

KEYSTONE CORRECTIONAL SERVICES, INC

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to be contacted @ _____

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Date Available	Social Security Number	Desired Salary	
Position Applied for			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?			

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	

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PREVIOUS EMPLOYMENT (LIST CURRENT/LAST FIRST)		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

FOREIGN LANGUAGE FLUENCY
Do you speak, write or understand any foreign languages? Yes No
If yes describe which language(s) and how fluent of a speaker you consider yourself to be.

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WHAT DAYS ARE YOU AVAILABLE TO WORK		
PLEASE NOTE SHIFTS IN THE RESIDENTS AREA WILL BE 12 HOURS IN LENGTH		
Sunday	DAY	NIGHT
Monday	DAY	NIGHT
Tuesday	DAY	NIGHT
Wednesday	DAY	NIGHT
Thursday	DAY	NIGHT
Friday	DAY	NIGHT
Saturday	DAY	NIGHT
PLEASE NOTE EMPLOYEES WORKING IN THE CORPORATE OFFICE WILL WORK Monday through Friday from 8:30 AM to 5 PM		
Do you have any friends, relatives, or acquaintances working for Company YES NO		
If yes state name and relationship		
If hired, would you have transportation to/from work? YES NO		
Are you over the age of 18 (Subject to age verification due to minimum legal age) YES NO		
If hired are you willing to submit to and be required to pass a controlled substance test YES NO		
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation YES NO		
If so describe the functions you cannot perform		
NOTE! The company is strongly committed to compliance with ADA Statues.		
CRIMINAL RECORD		
Have you ever been convicted of a criminal offense (felony or misdemeanor) ? YES NO		
If yes, please describe the crime - state nature of the crime(s), when and where convicted and the disposition of the case		
STATEMENT CONCERNING CRIMINAL RECORDS		
No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that effect the description of the event, and the surrounding circumstances an the relevance of the offense to the position(s) applied for may, however, be considered.		

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Describe any other experience which qualifies you to work at KCSI		
HAVE YOU ATTACHED YOUR RESUME	YES	NO
MAY WE CONTACT YOUR PRESENT EMPLOYER	YES	NO

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW	
I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by the company, terms for my immediate dismissal from the company.	
INITIAL	DATE

AUTHORIZATION TO REVIEW DOCUMENTS	
I understand that if I am employed, my employment is not definite and can be terminated at any time wither with or without prior notice by me or the Company.	
INITIAL	DATE
I permit the company to examine my references, record of employment, education record, credit report, criminal history driving record, and any other information which I have provided for you to obtain. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of on in any way related to such examination or revelation.	
SIGNATURE	DATE