



YOUTH SERVICES SYSTEM, INC.
 PO Box 6041, 87 - 15th Street, Wheeling, WV 26003

APPLICATION FOR EMPLOYMENT

Youth Services System, Inc. does not discriminate against any person based upon a protected group status, including but not limited to race, color, religion, gender (including pregnancy), sexual orientation, gender identity or expression, national origin, ancestry, citizenship status, age, marital status, genetic information, physical or mental disability, medical condition, or veteran status, and any other categories protected by federal, state or local laws, ordinances, or regulations.

Please print all information

APPLICATION					
Position:		Desired Location: (if applicable)		Are you currently working? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSONAL INFORMATION					
Last Name	First Name		MI	Nickname	Date
Address		City	State	Zip	County
Home Phone					
Mailing Address (if different)		City	State	Zip	County
Mobile Phone					
Email Address				Work Phone (May we contact you here?) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date you are available to start work:			What are your salary (hourly rate) expectations?		
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>			Can you travel if your job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you worked for YSS previously? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:			Have you applied with us previously? * YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide position and year(s): _____		
Do you have relatives employed by YSS? *YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:			How did you hear about this opportunity? <input type="checkbox"/> Referral _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Website _____ <input type="checkbox"/> Other _____		
Are you at least 18* years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> *Please note, our licensing regulations requires you to be at least 20 years of age to work in our residential facilities. If applicable, do you meet this requirement. YES <input type="checkbox"/> NO <input type="checkbox"/>			Are you legally eligible for work in the United State for any employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you available to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>		Availability: (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Shift(s) Available: (check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Midnights <input type="checkbox"/> Weekends	
EDUCATION					
High School Name		Address	Diploma YES <input type="checkbox"/> *NO <input type="checkbox"/> *If no, highest grade completed:		Special skills, training, etc.
Trade / Vocational School		Address	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Degree / Certificate
Undergraduate College/University		Address	Degree YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Major / Minor
Graduate College/University		Address	Degree YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Major / Minor

TRAINING / MEMBERSHIPS / CERTIFICATIONS / LICENSURES

Please describe any specialized training, skills (including software), knowledge, etc:

Please list any membership in professional, civic, social or honorary organizations. *(Please exclude organizations indicating gender, race, creed, age, religion, marital status, color, disability, national origin, or any other protected status of its members)*

Please list any special certifications or licensures:

EMPLOYMENT

*Current Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
*May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

REFERENCES

Please provide (3) professional references (not family or friends) with who you have worked with, such as supervisors/managers, clergy, teachers/professors, etc.

Name	Company, Address, City, State	Telephone Number(s)	Relationship
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Name	Company, Address, City, State	Telephone Number(s)	Relationship

ELIGIBILITY

Please read the attached State Regulations on page 8 regarding "Convictions" before proceeding.

- I have read the state regulations page, and I am eligible for employment at YSS.
- I have read the state regulations page, and I am not eligible for employment at YSS; however, there are extenuating circumstances, and I may qualify for a waiver.
- I have read the state regulations page, and I am not eligible for employment at YSS at this time.
- I have read the state regulations page, and need to speak with someone before proceeding.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Youth Services System, Inc. ("YSS") to hire me. If I am hired, I understand that either YSS or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of YSS has the authority to make any assurance to the contrary.

Based upon WV State law and WV Health and Human Resources regulations, I understand that Youth Services Systems, Inc. will conduct a thorough background investigation including criminal, social services, motor vehicles records; character, professional, and employment references; consumer or financial background; and any other sources deemed necessary to make inquiries about my eligibility for employment and to confirm any information I have provided. I understand that by signing this application, I am acknowledging YSS may monitor my background and periodically confirm my eligibility for employment at any time during my tenure.

I attest that I have never been convicted of murder, abductions, kidnapping, sexual offenses, contributing to the delinquency of a minor, or any other violent crimes against a child or adult. Further, I attest that I have not been convicted of any crimes, and am not currently on probation or parole or charged with or under indictment for any criminal offense, except as outlined in this application and any supplemental documents attached hereto. I understand that this statement may be reviewed by any local, state, and/or federal law enforcement or judicial officials as may be deemed appropriate to assess my fitness for employment. I further understand that, if I am hired, I have an obligation to report any criminal arrests or charges to Youth Services System, Inc. immediately.

I understand that any offer of and continued employment by YSS is conditional upon receiving a clear criminal background, child protective services clearance, a clean driving record (where applicable), verification of credentials, physical examination, and any other clearance required in accordance with Federal, State and Local Laws and/or WV Health and Human Resources. Furthermore, if I have requested that my current employer not be contacted, above, I understand that any offer of employment is conditional upon confirmation from my current employer about my dates of employment and position. A photocopy, facsimile, or electronic copy of this authorization has the same enforcement as the original.

I attest with my signature below that all the facts and information I have provided to Youth Services System, Inc. on this application, and any supplements to, are true and complete. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____

Date: _____

THIS APPLICATION IS ONLY VALID ONLY FOR 60 DAYS

Voluntary Self-Identification

Youth Services System, Inc. ("YSS") is a government contractor and employer subject to federal laws, the agency is required to provide certain information to the U.S. government. In order to comply with federal/state equal opportunity recordkeeping, reporting and other legal requirements, we would appreciate you voluntarily answering the questions below. You are not required to answer them, and refusal to provide the information will not affect the consideration of your application, nor will it result in adverse treatment. Any information you provide on this form will be kept in a confidential file separate from your application for employment.

YSS does not discriminate against any person based upon any protected group status, including but not limited to, race, color, religion, gender (including pregnancy), sexual orientation, gender identity and expression, national origin, ancestry, citizenship status, age, marital status, genetic information, physical or mental disability, medical condition, or veteran status, and all other categories protected by federal, state, or local laws, ordinances, or regulations.

Gender

- Male
- Female

Race/Ethnicity

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. **If you choose, to voluntarily self-identify, you may mark only one of the boxes presented below.**

<input type="checkbox"/> American Indian/Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black/African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Hispanic / Latino	A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Two or More Races	A person who primarily identifies with two or more of the above race/ethnicity categories.
<input type="checkbox"/> White/Caucasian	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/> Decline to Answer	If you choose not to self-identify your race/ethnicity at this time, the federal government requires YSS to determine this information by visual survey or other available information.

Name:	Date:
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Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

*Blindness	*Autism	*Bipolar Disorder	*Post-Traumatic Stress Disorder (PTSD)
*Deafness	*Cerebral Palsy	*Major Depression	*Obsessive Compulsive Disorder
*Cancer	*HIV/AIDS	*Multiple sclerosis (MS)	*Impairments requiring the use of a wheelchair
*Diabetes	*Schizophrenia	*Missing limbs or partial missing limbs	*Intellectual Disability (previously called mental retardation)
*Epilepsy	*Muscular Dystrophy		

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY ANSWER
 NO, I DON'T HAVE A DISABILITY

Name:

Date:

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

To be maintained separately from Application at all times.

Voluntary Self-Identification Protected Veterans Form

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Youth Services System, Inc. is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment (1) disabled veterans (2) recently separated veterans (3) active duty wartime or campaign badge veterans and (4) Armed Forces service medal veterans.

The classifications are defined as follows:

- A **"disabled veteran"** is one of the following: (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed Forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, you may call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

YSS has an Affirmative Action Program to implement the affirmative action provisions of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. It is our policy to base all employment decisions on the principles of equal employment opportunity, and to take affirmative to employ and advance in employment protected veterans. The gency will ensure that its human resources programs are administered without regard to an individual's status as a protected veteran, and that employment decisions are based on valid job requirements. As appropriate YSS will make a reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled veteran unless such accommodation would impose an undue hardship on the operation of our business. We will also ensure that employees and applicants will not be subjected to harassment of any kind because of their status as a protected veteran. Information on the Veterans Affirmative Action Program is available for review by employees and applicants in the human resources department, during our regular business hours of 9:00 a.m. to 5:00 p.m.

I identify as one or more of the classifications of protected veterans listed above

I am not a protected Veteran

I choose not to self-identify

Name

Date

Recruitment Privacy Policy

Effective September 15, 2018

Youth Services System, Inc. recognizes the importance of responsible use of your personal information. This policy provides you with important information about how we collect, use, disclose and otherwise process personally identifiable information that you submit to us.

What do we collect?

We collect information from you by your completion and submission of this application form, whether it be in electronic or paper form. The information we collect, either directly or indirectly, includes your name, contact details, educational history, work history, citizenship, nationality, veterans status, and other personal details. You can be assured that this information will be kept confidential and will only be accessible to our recruitment staff, or other authorized personnel involved in the recruitment process.

How do we use the information?

We use this information to perform our recruitment processing, including assessing your capabilities and qualifications for the applied for position. If selected for hire, the information will be used for conducting background investigations, including criminal, social service, and motor vehicle records; character, professional, and employment references, and other sources that may be deemed necessary to confirm your eligibility to provide services to children. If you become an employee, any personal information that you submit may become a part of your file and may be used for employment/work-related purposes.

Where is the information stored?

We maintain reasonable technical and agency procedures to protect personal information from loss, misuse and unauthorized access, disclosure, alteration, and destruction. To the extent that we disclose personal information to third parties, we require that such third parties also maintain reasonable security procedures and use the personal information in accordance with our instructions for the purpose of providing us with services. You can be assured that we have safeguards to ensure your personal information is only shared on a need to know basis. For example, during the recruiting process your application, resume or other information necessary for an interview will be shared with those involved in the interview process. All governmental reporting forms are maintained separate from your application and will only be utilized to comply with state and federal reporting. The information provided is de-identified before submission to the government. We may, from time to time, need to transfer your data using electronic media, such as email and electronic file transfer. You can be assured that we have reasonable procedures in place to protect your personal information while it is in our possession. We will not sell or rent your data to anyone. However, in some circumstances we may need to transfer your information to third parties who are providing services to and for us. We may also disclose your information to third parties, if we determine, in our discretion, that such disclosure is necessary to protect our rights, property or interests, or those of our clients and staff.

How long do we keep your information?

We will retain your information only for the period necessary to complete the recruitment process, or for any longer period as required by law, or as may be necessary in connection with your future employment at YSS.

What are your responsibilities?

We desire to maintain personal information that is accurate, current, and complete. If personal information that you previously provided is no longer accurate, current, or complete, please advise the human resources department so that we can make the necessary changes.

You are responsible for the security of your account information, such as usernames and passcodes, of any accounts which we may give you access to your private information maintained by us. Make sure you keep your account information in a safe place and do not share it with others. Viruses and surveillance devices can intercept login information on the computers you use to access our system. You should take precautions when using devices to access our system, especially when using a public computer.

Contact Information

Should your personally identifiable information be compromised as a result of a known or suspected breach of security, we will promptly notify you. We may, from time to time, amend this Privacy Policy. We will post all changes on our website, and will modify the effective date of this policy. You are encouraged to refer to our Privacy Policy on an ongoing basis if you have any concerns.

If you have questions, please contact the Human Resources Department during normal business hours at 87 – 15th Street, Room 426, Wheeling, WV.

Convictions

West Virginia Code §49-2B-8 and WV Department of Health and Human Resources requires licensed, certified, and registered child care agencies to conduct a thorough background on all prospective employees. As a part of such background, we will conduct a personnel criminal records if you are selected for hire.

Please review information regarding convictions, which may affect your ability to work for Youth Services Systems, Inc.

All applicants shall not be approved, employed, utilized nor considered for a waiver if convicted of:

	Abduction;
	Any violent felony crime including, but not limited to rape, sexual assault, homicide, malicious wounding, unlawful wounding, felonious domestic assault or battery;
	Child/adult abuse or neglect;
	Crimes which involve the exploitation of a child or an incapacitated adult;
	Misdemeanor domestic battery or domestic assault;
	Felony arson;
	Felony or misdemeanor crime against a child or incapacitated adult which causes harm;
	Felony drug related offenses within the last ten (10) years;
	Felony DUI within the last ten (10) years;
	Hate crimes;
	Kidnapping;
	Murder/homicide;
	Neglect or abuse by a caregiver;
	Pornography crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexually explicit conduct, distribution and exhibition of materials depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct;
	Purchase or sale of a child; or
	Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure.

The applicant shall not be approved, employed, utilized or considered for a waiver if on parole or probation for a felony conviction.

The applicant shall not be approved, employed, nor utilized if convicted of a felony not listed above unless a waiver is requested and approved.

An applicant shall not be approved, employed, nor utilized if convicted of two or more misdemeanors unless a waiver is requested and approved.

An applicant shall not be approved, employed, nor utilized if he/she fails to report convictions to YSS or Department of Health and Human Resources on the Criminal Background Check, unless a waiver is requested and approved.

Nolo Contendere Pleas

	If an applicant's criminal background check indicates a "nolo contendere plea" for a crime against a child or incapacitated adult, the applicant shall not be approved, employed, utilized nor considered for a waiver.
	If an applicant's criminal background check indicates a "nolo contendere plea" that is not against a child or incapacitated adult, the applicant's plea will be evaluated by the Regional or State Office CIB committee for approval or denial. In reviewing such, the committee will evaluate the crime, plea, and circumstances surrounding the crime in relation to a person's character.
	The "nolo contendere plea" cannot be considered a conviction.

Indictment Charges

	A new applicant under indictment or charged with a crime, except those listed in section 5.1 shall not be permitted to care for or have contact with children or adults in care until such time as the charges are resolved or a request for waiver is made and approved.
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