

O'Connell Youth Ranch

Director: Deanie Hayes, LBSW
P.O. Box 3589
Lawrence, Kansas 66046

Phone: 785-842-9356
Fax: 785-842-9382

PERSONNEL APPLICATION FORM

PART 1

Date of Application _____ Desired Starting Date _____

NAME _____ Maiden, if applies _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOC. SEC. # _____

CITIZENSHIP _____

PRESENT OR PAST EMPLOYER:

Name of Employer _____

Address _____

Job Title _____ Part Time _____ Full Time _____

Name of Supervisor _____ Phone # _____

Dates of Employment: From _____ To _____

Major Duties _____

Salary _____ Reason for Leaving _____

EMPLOYMENT HISTORY: Please list positions held prior to present employment

<u>Name & Address of Employer</u>	<u>Type of Work</u>	<u>Inclusive Dates</u>	<u>Supervisor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact former employers for verification and input?
Please send a photo of yourself (selves) if possible.

REFERENCES: Please list at least three persons not related to you who know about your qualifications and character.

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION: List High School, Colleges and Vocational Schools attended.

<u>Name of School</u>	<u>Address</u>	<u>Major</u>	<u>To/From</u>	<u>Graduate?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been convicted of a felony? _____

2. Have you ever been convicted of child abuse or sexual assault? _____

3. Have you ever worked with youth? _____ In what capacity? _____

4. List hobbies, special skills, and interest areas: _____

5. Approximately how many days were you unable to perform your usual activities in the past three years? _____ Give reasons: _____

6. Is there any medical or physical reason why you may have to restrict yourself from strenuous physical activity? _____

7. Briefly describe your plans and goals for both immediate and future involvement with OYR: _____
