



Employment Application

PLEASE READ CAREFULLY

Thank you for your interest in employment with Ouachita Children, Youth, and Family Services, Inc. (OCYFS). Working at OCYFS is more than just a job — it is a commitment to serving and strengthening our community through advocacy, support, safety, and empowerment for children, youth, and families. OCYFS provides a variety of services designed to meet the diverse needs of those we serve. Our programs support at-risk children, runaway and homeless youth, victims of domestic violence and their families, as well as homelessness prevention and outpatient therapeutic care. OCYFS is licensed and operates in compliance with all applicable standards established by the State of Arkansas and partnering agencies including Council on Accreditation (COA) and federal grant regulations.

If you are offered a position at OCYFS, you must report to the Human Resources Office to make arrangements for a drug screen. Our intent to hire is contingent upon a negative drug screen result. Failure to pass the drug screen will disqualify your application. You must also submit the following documents to the Human Resources Office within the timeframes requested:

- Copy of High School transcript/GED diploma
- Copy of transcript from an accredited college or university
- Copy of Licensure (if applicable)
- Copy of Driver's License
- Copy of Social Security Card
- Copy of First Aid and CPR certification

Failure to meet any of the requirements set forth in this document will result disqualification of your application from the employment process. Falsification of any information on your application will result in disqualification/immediate termination.

Applicant's Signature

Date

OCC is an equal opportunity employer. We adhere to making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, and disability. We assure you that your opportunity for employment with OCYFS depends solely on your qualifications.

OUACHITA CHILDREN, YOUTH, AND FAMILY SERVICES, INC.

Employment Application

APPLICANT INFORMATION											
Last Name			First			M.I.					
Street Address					Apartment/Unit #						
City				State		ZIP					
Phone				E-mail Address							
Date Available				Social Security No.							
Position Applied for				Desired Salary <i>(be specific)</i>							
Days Available to Work		SUN		THU		Hours Available		7 am – 3 pm	YES	NO	
		MON		FRI				3 pm – 11 pm	YES	NO	
		TUE		SAT				11 pm – 7 am	YES	NO	
		WED		ANY				Other			
How many hours can you work weekly?								Can you work nights?			
Employment desired			Full-Time Only			Part-Time Only			Full or Part-Time		
HAVE YOU EVER BEEN CONVICTED OF A CRIME?			YES		NO						
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.											
DO YOU HAVE A VALID DRIVER'S LICENSE?			YES		NO						
What is your means of transportation to work?											
Driver's License #			State of Issue			Expiration Date					
Operator	Commercial (CDL)		Chauffeur								
EDUCATION											
High School				Location							
From		To		Did you graduate?		YES	NO	Degree			
College				Location							
From		To		Did you graduate?		YES	NO	Degree			
Other				Location							
From		To		Did you graduate?		YES	NO	Degree			

REFERENCES

Please list THREE references other than relatives or previous employers.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Please list any professional licenses or special certifications you hold, with expiration dates:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PREVIOUS EMPLOYMENT

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	NO	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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	NO		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
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	NO		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
May we contact your present employer?			YES	NO		
Did you complete this application yourself?			YES	NO		
If not, who did?						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature _____				Date _____		