



23321 235th Avenue • P.O. Box 1332 • Columbus, NE 68601 68602-1332 • Phone: 402-563-6041 • Fax: 402-564-5622

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/ or interview process should notify a representative of the company. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.

Applicant Information

| | | |
|----------------------|---------------|-------|
| _____ | _____ | _____ |
| First Name | Last Name | Date |
| _____ | _____ | _____ |
| Address | City | State |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Phone Number | Email Address | |
| _____ | _____ | _____ |
| Position Applied for | Desired Wage | |

Desired Type of Employment Full Time Part-Time Days Evenings Overnights

Can you provide proof of legal employment authorization and identity? Yes No

Have you ever been previously employed with CCS or MPI? Yes No

If yes, when? _____

Do you have family or friends employed with CCS or MPI? Yes No

If yes, who? _____

Are you at least 18 years of age? Yes No

Have you been convicted of any crime in the past 7 years? Yes No

If yes, please explain. (a conviction will not automatically disqualify from employment)

Employment History

Please provide all employment information for your past three employers or ten years starting with the most recent:

| | |
|--|--------------------|
| _____ | _____ |
| #1 Employer Name | Position Held |
| _____ | _____ |
| Address | City, State, & Zip |
| _____ | _____ |
| _____ | _____ |
| Phone | Email |
| _____ | _____ |
| _____ | _____ |
| Dates of Employment | Job Title |
| _____ | _____ |
| _____ | _____ |
| Job Summary | Reason for Leaving |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

23321 235th Avenue • P.O. Box 1332 • Columbus, NE 68601 68602-1332 • Phone: 402-563-6041 • Fax: 402-564-5622

#2 Employer Name

Position Held

Address

City, State, & Zip

Phone Number

Phone

Email

Dates of Employment

Job Title

Wage

Job Summary

Reason for Leaving

May we contact this employer? Yes No

#3 Employer Name

Position Held

Address

City, State, & Zip

Phone Number

Phone

Email

Dates of Employment

Job Title

Wage

Job Summary

Reason for Leaving

May we contact this employer? Yes No

Other Skills and Qualifications

Summarize any job-related skills, certifications, or languages, etc.:

Education History

List school name and address, graduation date, and any degrees earned:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

List 3 professional references, including names, relationship, company name, telephone number(s), and years known (do not include relatives):

| |
|--|
| |
| |
| |

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize the employer to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide the employer with all requested information, references, and to cooperate fully with the investigation of my character and qualifications.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from the previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that this application is not a contract of employment. I also acknowledge that that no oral representations have been made, and that no one with the employer has the authority to make oral contracts of employment. If hired, my employment relationship is terminable at-will, with, or without cause, by either myself or the employer.

I also understand that any offer of employment may be conditional upon my passing a background check and drug/alcohol test administered by a health care professional selected by the employer, to which I hereby consent.

I understand that any representation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I also understand that I am employed, I will be required to provide satisfactory proof of identity and legal work authorization with three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have fully read and understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

This form will not be accepted if altered, modified, illegible or incomplete.

By signing this Authorization Form, I, the undersigned, hereby consent to the inspection by Central Confinement Services LLC, or company representative, of all records and documents that may be material to an evaluation of my professional qualifications, credentials, competence, character, criminal record, general reputation, ethics, behavior, or any other matter that may be considered material to my qualification or re-qualification for affiliation, appointment, or employment (including contract for services). I understand that this investigative consumer report may include the inspection and/or verification of any information provided to the above names sources in the form of an application, or resume, or information gained from third party informants including the following sources: educational and training records, professional organization or association records, public court record information, regulatory agencies, insurance claims history, driving records, contacts with references and any other records or third parties that may have information bearing upon my application. Additionally, I hereby consent to the release of my military personnel records, and I authorize the National Personnel Records Center, or other custodian of my military records to release the information and/or copies of documents from my military service record.

I hereby release from liability all representatives and agents of the aforementioned organizations for their acts performed in good faith and without malice in connection with evaluating my application. The scope of this disclosure is all-encompassing allowing Central Confinement Services LLC to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law. I provide my consent and authorize any of the aforementioned sources to furnish information and/or verification of information requested.

I acknowledge that a copy of this Authorization for Release of Information shall be as binding as the original

Print Full Name

Signature

Date

I acknowledge that the identifying information requested below is for purposes only of review and proper identification of any/all source of information as outlined above. Personal identifying information listed below will not be provided to any sources that do not require same for verification/identification purposes.

Print Name as commonly used (if different than above)

Social Security Number

Driver's License # (exactly as it appears on Driver's License)

State issuing Driver's License

List former surnames/aliases/ maiden name, etc. **And Dates Utilized**

Date of Birth (mm/dd/yyyy)

INVITATION TO SELF-IDENTIFY FOR EMPLOYEES AND POST-OFFER APPLICANTS

Central Confinement Services LLC is an equal opportunity employer and does not discriminate in hiring or in any other terms or conditions of employment in accordance with the requirements of all applicable local, state, and federal laws.

The company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the company invites you to voluntarily self-identify your gender and race/ethnicity. The company also invites you to self-identify any disability or veteran status.

In extending this invitation you are advised that: (a) you are under no obligation to respond, but may do so in the future if you choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will not subject you to any adverse treatment.

Which gender do you identify with?

- Female
- Male
- I choose not to identify

Which race/ethnicity do you identify with? Please mark the category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa
- Asian:** a person having 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 Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.
- I choose not to identify.

Veteran Status:

- Recently Separated Veteran:** A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- Armed Forces Service Medal Veteran:** A veteran who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)
- An Active-Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty 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. For a complete list of protected veterans, contact Human Resources.
- A Disabled Veteran:** A veteran 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 Security of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- Not a veteran in any of the above categories
- I choose not to identify

Disability Status:

- An individual with a Disability:** A person having a physical or mental impairment or medical condition that substantially limits a major life activity, or having a history or record of such an impairment or medical condition.
- No disability
- I choose not to identify

Federal law requires employers to provide reasonable accommodations to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job.

Print Full Name

Signature

Date