



# Quality Correctional Care

707-709 W. University Ave. Muncie, Indiana 47303

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## EMPLOYMENT APPLICATION

Date Received: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Social Security Number

\_\_\_\_\_  
Current Address                      City                      State                      Zip Code

\_\_\_\_\_  
Permanent Address (If different from above)

\_\_\_\_\_  
Home Telephone                      Cell Phone

\_\_\_\_\_  
Email Address

If you are offered and accept a position you agree this is for a sub-contract position.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Can provide proof of your legal right to work in the US?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you ever been arrested and/or convicted of any offense other than minor traffic violations?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please list dates and details, including county and state of arrest/conviction: \_\_\_\_\_

### AVAILABILITY

\_\_\_\_\_  
Will you accept: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Days Available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Hours Available \_\_\_\_\_ A.M. - \_\_\_\_\_ P.M.    Anytime: \_\_\_\_\_ Yes    \_\_\_\_\_ No

# QUALITY CORRECTIONAL CARE

## EDUCATION

College/University/Professional School: \_\_\_\_\_

Name while attending: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Date Received: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

College/University/Professional School: \_\_\_\_\_

Name while attending: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Date Received: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Military Service: \_\_\_\_\_

Years of Services: \_\_\_\_\_ Special training: \_\_\_\_\_

## PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE	NUMBER	VERIFIED

Area of specialized or major Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# QUALITY CORRECTIONAL CARE

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## EMPLOYMENT HISTORY

Begin with most recent position

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position held: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_ Yes \_\_\_ No

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position held: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_ Yes \_\_\_ No

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position held: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact for reference: \_\_\_ Yes \_\_\_ No

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## REFERENCES

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship/Association: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship/Association: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship/Association: \_\_\_\_\_

## QUALITY CORRECTIONAL CARE

### Employment Application Disclaimer – Consent for Criminal History Check

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that providing false information may result in QCC refusing to hire me or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you with any and all information concerning my previous employment, education and qualifications for the position I am applying. I also authorize you to request and receive any such information.

By completing the form below, I authorize the \_\_\_\_\_ County Sheriff's Office – Jail Division to conduct a criminal history check on me.

I understand that if offered a position with QCC, I will be a sub-contract employee. Unless otherwise agreed in writing, my contract can be terminated at any time with or without cause, and with or without prior notice at the option of the company and/or myself.

I understand that I am permitted to request a reasonable accommodation in the application process and that I will be given the same consideration if such a request is made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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