

**Shults-Lewis  
Child & Family Services, Inc.**

150 East & 325 South  
P.O. Box 471  
Valparaiso, IN 46384

Office (219) 462-0513

FAX (219) 464-7828

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**EMPLOYMENT APPLICATION**

(Please Print or Type)

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Have you participated in an adoption or foster children home study? Yes / No

If yes, give details for each one: \_\_\_\_\_

Are you currently licensed for foster care? Yes / No (If yes, please attach copy of current license)

Do you use any drugs or mood altering substances other than as prescribed by your physician? Yes / No

If yes, explain: \_\_\_\_\_

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Have you had any history of criminal behavior, involving convictions, including driving while intoxicated, other than minor traffic offenses?

Yes / No If yes, explain: \_\_\_\_\_

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(A "yes" answer will not automatically disqualify you for a position)

Have you ever had your license suspended or revoked? Yes / No If yes, explain:

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List the last three (3) addresses where you have resided and the time periods for each.

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Of what church are you a member? \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Minister/Elder: \_\_\_\_\_ Phone: \_\_\_\_\_

List special hobbies or interests: \_\_\_\_\_

Have you ever been employed at Shults-Lewis? Yes / No If yes, give details: \_\_\_\_\_

How did you become aware of Shults-Lewis? \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Did you graduate from high school? Yes / No

Name of School/Address: \_\_\_\_\_

List College/Training after High School. List school name, address, dates, and names of any degrees or certifications:

**EMPLOYMENT HISTORY:**

List previous employment, beginning with present. For all jobs, note dates, employer's name and address, position, pay rate, reason for leaving. Use back of form if more room is needed:

**(If a full-time student, please note "student" and list only part-time work experience you consider significant)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:**

List references, including a previous employer or teacher, a church leader, and any other references of your choice. Give name, address, phone and relationship (**At least three references are required**):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer? Yes / No    If **no**, explain why not: \_\_\_\_\_  
\_\_\_\_\_

Applicants may be required to have a post-offer, pre-employment physical (on a form, which we provide).

Applicants and their spouses for the Houseparent positions are required to complete a Criminal History Affidavit form as required by the State of Indiana.

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**Employment Application  
HOUSEPARENT SUPPLEMENT**

Name: \_\_\_\_\_

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

Have you ever worked in a Children's Home before?    Yes    /    No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note special youth work you have done, including camp work, scouts, church, school, etc.

\_\_\_\_\_

\_\_\_\_\_

Special training or education you have had related to working with youth:

\_\_\_\_\_

\_\_\_\_\_

Briefly state your philosophy of discipline and management of children:

\_\_\_\_\_

\_\_\_\_\_

Note serious problems or personal struggles you have dealt with personally and/or as a couple. Specifically note any experience with significant stress:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been licensed for foster care?    Yes    /    No    If yes, give details

\_\_\_\_\_

\_\_\_\_\_

## RELEASE AUTHORIZATION

### APPLICANT COMPLETE THE FOLLOWING:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested. If it is, I will be asked to sign a separate Consent.
2. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
3. As a prerequisite for employment with Shults-Lewis, I understand that it will be necessary to verify my education, employment, and activities during employment. I have completed and reviewed the information contained in this Employment Application and, to the best of my knowledge, believe the information to be correct and complete.

I hereby authorize the educational institutions listed on my Employment Application to release information requested by Shults-Lewis. I also authorize the employers and references indicated on my Employment Application to release information requested by Shults-Lewis pertaining to my activities when unemployed, prior employment status, dates, title of position, duties, salary, job performance and the reasons for the termination of my employment.

4. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
5. I further understand that in the event of employment, I am required to abide by all rules and regulations of Shults-Lewis, and that any false or misleading information given in this application or any interviews, regardless of when it is discovered, may result in immediate dismissal.

