



RIVERSIDE HOUSE

Riverside Christian Ministries, Inc.
Executive Office
P.O. Box 2325
Miami, Florida 33101-2325
Tel: (305) 326-9799
Fax: (305) 326-9003
<http://www.riversidehouse.org>
Cleveland Bell, III, Executive Director

INSTRUCTIONS TO FILL OUT JOB APPLICATION

1. Write in clear and legible writing
2. All questions must be answered completely. If the question does not apply to you, please write Not Applicable (N/A)
3. In the Employment page, please start with the last one and finish with the last one.
4. In the Reference part, you must complete all sections.
This means complete name, phone number including area code, and address including City, State, and Zip Code are required.
4. For the last page titled U.S. Department of Justice, only fill what is not Highlighted.
5. If you ever been convicted of a felony, misdemeanor, violent crime or arrested, Please provide a copy of the disposition.
(Conviction will not necessarily disqualify an application from employment)
6. Authorization to release a National Crime Information Center will be required to determine your suitability to work at Riverside House.

Note:

Applications that are not filled out completely will not be considered for the employment process.

Thank You,

RIVERSIDE HOUSE/ADMINISTRATION



...I was a stranger, and ye took me in... Matthew 25:35



Comprehensive Sanctions Center
 Primary Care

Community Corrections
Homeless/Substance Abuse

968 N.W. 2nd Street, Miami, FL 33128
968 N.W. 2nd Street, Miami, FL 33128

(305) 545-0926
(305) 545-8292

Fax: (305) 545-0389
Fax: (305) 326-7984



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P.O. Box 2325
Miami, Fl. 33101-2325

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position (s) applied for:			Date of Application:		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			

Last Name		First Name		Middle Name	
Address Code	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		
Email					

If you are under 18 years of age, can you provide required proof of you eligibility to work? Yes No

Have you ever applied or worked here before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you legally authorized to work in the United States? Yes No

On what date will you be able to start work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony, misdemeanor, or any physical or other violent crime or arrested? Yes No

(Conviction will not necessarily disqualify an application from employment)
If yes, please explain and provide a copy of the disposition:

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Indicate any Foreign Languages you can speak, read, and write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)-		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experiences.

Specialized Skills

Check Skills/Equipment Operated

Scanner
 Copier
 Calculator
 Typewriter

Fax
 Outlook
 Excel
 Word

Production/Mobile

Other (list)

_____	_____
_____	_____
_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

References

1.	_____	_____	_____	_____
	(Name)		(Telephone Number)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)
2.	_____	_____	_____	_____
	(Name)		(Telephone Number)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)
3.	_____	_____	_____	_____
	(Name)		(Telephone)	
	_____	_____	_____	_____
	(Address)	(City)	(State)	(Zip Code)

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I voluntarily agree to submit to a urinalysis (**drug screen**) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify to the minimum standards established by Riverside Christian Ministries, Inc. for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement for employment with the company I may again be required to submit to a urinalysis screen if there is reasonable suspicion. I understand that the minimum standards set for the screen, may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____

Driver License #: _____

Expiration date _____

Date: _____

From: Johanne Nicoleu – Facility Director _____
(Signature and Title of Person Requesting Check)

Subject: REQUEST FOR NCIC AND NLETS CHECK & AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To: FEDERAL BUREAU OF PRISONS/COMMUNITY CORRECTIONS STAFF

THIS INFORMATION LISTED BELOW IS REQUIRED BY THE BUREAU OF PRISONS FOR THE PURPOSE OF CONDUCTING AN NCIC CRIMINAL HISTORY CHECK.

Facility Name and Address: **Riverside Christian Ministries, Inc. (Riverside House)**
968 NW 2nd Street, Miami, Florida 33128

I, _____, authorize the release to the Federal Bureau of Prisons of any information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunication System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal offenders.

I, also authorize the Federal Bureau of Prisons to disclose to the facility director or the contractor’s “authorized negotiator” all information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal offenders at **Riverside Christian Ministries, Inc. (Riverside House)**.

I understand that my records are protected under federal privacy regulations and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. In any event, this consent will cease to be effective after my employment with **Riverside Christian Ministries, Inc. (Riverside House)**.

Applicant’s Printed Name: (Last Name, First Name) _____

Alias/Maiden/Prior Printed Names: _____

Address: _____

(Give previous address if lived 3 years or less at present address)

Position: _____ Anticipated date of employment: _____ Key Personnel: NO

Has Applicant Previously Worked at a Community Corrections Center: _____

Has Applicant previously been arrested: _____ If Yes, for what: _____

Place of Birth _____ Citizenship: _____ Date of Birth: _____

SOC #: _____ Drivers License: _____ State _____ & Expiration Date: _____

Height: _____ Weight: _____ Hair _____ Eyes: _____ Sex: _____ Race: _____

Other States lived prior to this date: _____

Have references and Employment Checks been made: Yes: X No: _____

Does Applicant meet required minimum qualifications: Yes: X No: _____

1. Signature:	2. Date Signed:
3. Witness Signature (Print & Sign)	4. Date Witness Signed:

RIVERSIDE CHRISTIAN MINISTRIES, INC.

ESSAY QUESTIONS

Applicant Name: _____ Date: _____

1. **What is your philosophy concerning correction of offenders?**

2. **What treatment strategies would you use with a very resistant, defensive client who demonstrates little interest life style change?**

3. A staff member calls in to the front desk and says he/she can't work their shift because of illness. He/she did not follow the proper procedure of calling the Program Supervisor.

The only other person who could come in is going to visit the in-laws tomorrow in Georgia. You, acting as Program Supervisor, call the staff member who is scheduled to work the shift and he/she is evasive concerning their illness but says, "I'm too sick to work."

What would you say and what would you do?

4. What are the strengths and qualities you believe make you best suited for this position?
