



Central Falls Detention Facility Corporation

Donald W. Wyatt Detention Facility
950 High Street
Central Falls, RI 02863
www.wyattdetention.com

APPLICATION FOR EMPLOYMENT

We are an equal Opportunity Employer. Applicants for all job openings will be considered without regard to race, color, religion, national origin, ancestry, sex, sexual orientation, age, marital or veteran status, or the presence of a non-job-related medical condition or physical or mental disability.

DRUG SCREEN AND PRE-EMPLOYMENT PHYSICAL: *We are committed to maintaining a healthy and safe workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen and physical.*

Name _____
Last First Middle Other Names Known By (Maiden, Alias) _____

Address _____
Street City County State Zip

Phone (____) _____ e-mail _____

Cell Phone (____) _____ Social Security _____

Position(s) Applied For _____ Date Available _____ Expected Salary _____

Referral Source: Advertisement Friend Relative State Job Service
 Employment Agency Employee Walk-In Other _____

Have you ever been employed by the Central Falls Detention Facility Corporation? Yes No If Yes, give date _____

Schedule Preferred On Call Part Time Full Time Are you willing/able to work all shifts? Yes No

Are you at least 18 years of age? Yes No

Can you, if you receive a job offer, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

(NOTE: A conviction is not an automatic bar to employment. Each case will be considered on its own merits. Where applicable, the approval of the government agency with whom the Corporation contracts may be required.)

If Yes, please explain and state charge, court, date, and disposition of case: _____

Were you in the armed forces of the United States? Yes No If yes, initial rank _____ Final rank _____

Duties: _____

Do you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? Yes No

If necessary, please describe what type(s) of reasonable accommodations are needed: _____

NOTE: *Offers of employment may be made contingent on passing a medical examination, including a drug screen and the receipt of satisfactory responses to reference requests. If you are applying for a position that requires driving, you will, if given a job offer, be required to show a valid driver's license.*

EMPLOYMENT HISTORY

Account for all employment and all periods of unemployment in excess of two weeks (see next page) in the past 10 years, including U.S. Military Service and volunteer work experience. Start with your most recent position and work backward. A résumé may be used to supplement the application for Employment, but you must complete all information requested on the application. Do not write "See Résumé" on the application. (If additional space is required, attach an additional sheet.)

Employer Name _____

Address _____
Street City State Zip

Job Title Start _____ Job Title Finish _____

Employed From _____ To _____ Salary _____
(Mo/Year) (Mo/Year)

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment Yes No

Your principal duties and responsibilities _____

Number of employees supervised _____ Reason for leaving _____

Employer Name _____

Address _____
Street City State Zip

Job Title Start _____ Job Title Finish _____

Employed From _____ To _____ Salary _____
(Mo/Year) (Mo/Year)

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment Yes No

Your principal duties and responsibilities _____

Number of employees supervised _____ Reason for leaving _____

Employer Name _____

Address _____
Street City State Zip

Job Title Start _____ Job Title Finish _____

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Address _____
Street City State Zip

Job Title Start _____ Job Title Finish _____

Employed From _____ To _____ Salary _____
(Mo./Year) (Mo./Year)

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment Yes No

Your principal duties and responsibilities _____

Number of employees supervised _____ Reason for leaving _____

Employer Name _____

Address _____
Street City State Zip

Job Title Start _____ Job Title Finish _____

Employed From _____ To _____ Salary _____
(Mo./Year) (Mo./Year)

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment Yes No

Your principal duties and responsibilities _____

Number of employees supervised _____ Reason for leaving _____

PERIODS OF UNEMPLOYMENT

I was unemployed during the following period(s) during the past ten years.

1. FROM _____ TO _____ Reason: _____
(Mo./Year) (Mo./Year)

2. FROM _____ TO _____ Reason: _____
(Mo./Year) (Mo./Year)

3. FROM _____ TO _____ Reason: _____
(Mo./Year) (Mo./Year)

REFERENCES

List three personal references that are familiar with your qualifications whom we may contact.

Name _____ Job association with you _____

Address _____ Phone _____

Name _____ Job association with you _____

Address _____ Phone _____

Name _____ Job association with you _____

Address _____ Phone _____

EDUCATION, TRAINING AND SKILLS

List all education and training, including high school, college, trade, technical, vocational, business or military schools.

Type of School	Name and Location	Credit Received	Certificate, Degree or Diploma	Principal Course Studied
		Yrs. Attended		
High		Hours Completed		
		Yrs. Attended		
College		Hours Completed.		
		Yrs. Attended		
Other		Hours Completed		
		Yrs. Attended.		
Other		Hours Completed.		

FOREIGN LANGUAGE

Indicate proficiency—
fair or fluent—
under speak, read and
write categories.

Language	Speak	Read	Write

MACHINES AND EQUIPMENT

Equipment _____ Years of Experience _____

List any tools, and office machines,
computer equipment or other
machines you are qualified to use.

SECRETARIAL/CLERICAL

Shorthand speed _____ Wpm Typing Speed _____ Wpm

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Central Falls Detention Facility Corporation (CFDFC) unless I have indicated to the contrary. I authorize the references listed above to provide the CFDFC any and all information concerning my previous employment and any pertinent information that they may have. I authorize the government agency with whom CFDFC contracts (i.e., Department of Corrections, Federal Bureau of Prisons, Immigration and Naturalization Service, etc.) to run its own criminal records check, should they deem it necessary and appropriate. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the CFDFC as well as from the use or disclosure of such information by the CFDFC, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

My signature is consent for the CFDFC to perform a pre-employment drug test. I understand the test will be for illegal drug and alcohol use, and that a positive result will be grounds for the offer of employment to be withdrawn.

In consideration of my employment, I agree to conform to the rules and standards of the organization and agree that my employment and compensation can be terminated at will, with or without notice, at any time, either at my option or at the option of the Corporation. I understand that no employee or representative of the Corporation other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Executive Director may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer drug screen and medical examination.

Applicant's signature _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

CENTRAL FALLS DETENTION FACILITY CORPORATION

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, national origin, ancestry, sex, sexual orientation, age, marital or veteran status, or the presence of a non-job related medical condition or physical or mental disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, complete this Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file.

Position Applied For _____ Date _____

Referral Source Advertisement Friend Walk-in
 Employment Agency Company Employee Other _____
 State Job Service Relative

Name _____ Phone (____) _____

Address _____
Street _____
City _____ County _____ State _____ Zip _____

AFFIRMATIVE ACTION SURVEY

Government agencies require reports on the sex, ethnicity and disability or veteran status of applicants. This data is for analysis and affirmative action only. Disclosure of the information sought will not affect your employment opportunities with the company. Furnishing this information is voluntary. If you do not wish to furnish the following information, please initial here. _____

Check one of the following:
Gender Male Female

Check one of the following:
Race/National Origin White Black Hispanic Other _____
 American Indian/Alaskan Native Asian/Pacific Islander

CENTRAL FALLS DETENTION FACILITY CORPORATION

Name _____ Date _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby consent to and authorize Central Falls Detention Facility Corporation (CFDFC) and all other state, county, municipal and federal law enforcement agencies to search all available law enforcement records and indices for criminal records, regarding me including, but not limited to, NCIC and to release CENTRAL FALLS DETENTION FACILITY CORPORATION (CFDFC) and its agents from all liability for receiving and utilizing this information.

Current Address: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Name (print): _____

Other Names (Aliases, Maiden Name): _____

Signature of Applicant

Date

Signature of Witness

Date

CENTRAL FALLS DETENTION FACILITY CORPORATION

Name _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

As an applicant for a position with the Central Falls Detention Facility Corporation (CFDFC), I am requested to provide information for use in determining my qualifications, moral character, honesty and suitability. I hereby request and authorized the full disclosure of any and all records, files, reports, notes, opinions or any other information you may have concerning me, in any format whatsoever, including information of a confidential nature, to an authorized agent of the CFDFC. This includes, but is not limited to, the release of all employment files or records, evaluations, disciplinary records, background investigations files, psychological reports, medical records, and any and all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, civil service test applications, test results, financial records, credit history, military records, arrest or criminal records, including any investigative files or reports, court records, probation reports and photographs.

A photocopy or an electronic facsimile of this signed authorization form is to be considered as valid as the original.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, upon this release authorization will be considered in determining my suitability for employments by the CFDFC.

I hereby release you, your organization, its representatives, agents and employees, and the CFDFC, its representatives, agents and employees from any and all liability whatsoever, and/or damages that may result from furnishing the above information.

Signature _____ Date _____

Witness _____ Date _____

CENTRAL FALLS DETENTION FACILITY CORPORATION

Name _____ Date _____

DISCLOSURE, AUTHORIZATION AND WAIVER

I have been informed by Central Falls Detention Facility Corporation (CFDFC) that reference checks including employment history as well as credit history checks will be conducted.

I hereby authorize my present and past employer(s) and its employees and representatives to provide any and all information they deem appropriate regarding my employment and job performance to Central Falls Detention Facility Corporation (CFDFC)/Wyatt Detention Facility and any of its employees, representatives or agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any employer, its employees or agents for the release of such information.

I release Central Falls Detention Facility Corporation (CFDFC), its employees, representatives or agents from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature of Applicant

Date

CENTRAL FALLS
DETENTION FACILITY CORPORATION

Prison Rape Elimination Act (PREA)
Questionnaire

This form is to be filled out by all applicants and employees, who may have contact with inmates, in written applications or interviews for hiring or promotions, and in any interviews or written self – evaluations conducted as part of reviews of current employees. This form is in accordance with the Prison Rape Elimination Act (PREA) Standards and in support of the most recent version of RIDOC Policy #9.49 DOC; PREA (Prison Rape Elimination Act) Policy.

Name (First, Middle, Last)	Telephone Number
_____	_____
Address (Street/Number, City, State and Zip Code)	Mailing Address (if different)
_____	_____
Job Title for which you are applying: _____	

Please answer the following questions by checking “yes” or “no”, as appropriate.

1. Have you ever engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
Yes No
2. Have you ever been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
Yes No
3. Have you ever been civilly or administratively adjudicated to have engaged in sexual misconduct?
Yes No

Explanation (use additional sheets if necessary):

THIS AFFIRMATION **MUST** BE COMPLETED

I certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations or falsifications, my application may be rejected and, should I be employed, my service may be terminated.

_____	_____
Signature	Date

DONALD W. WYATT DETENTION FACILITY PERSONAL DATA SHEET

EMPLOYEE INFORMATION

Name	Mailing Address (if different)
Street	Street
City, State, Zip	City, State, Zip
Date of Birth: / /	
Phone ()	Alternate Number ()
E-mail Address:	

EMERGENCY NOTIFICATION

Name	Relationship
Street	Phone Number ()
City, State, Zip	Alternate Number ()

AUTOMOBILE INFORMATION

Plate#	State:	Plate#	State:
Make:		Make:	
Model:	Year:	Model:	Year:

Updated October 2019