

Employment Application

INSTRUCTIONS: It is important that you fill out all sections of this application completely & to the best of your ability. Your application will be used as part of the hiring process &, therefore, should represent your best effort.

| Current Information (Please print clearly in ink) | | | | | | | |
|---|---------------------------------|-------------------------------|--------------------------------|-------------------|--|--|--|
| Position Applied For | | Date | | | | | |
| When will y | ou be available for employr | nent? | | | | | |
| | | | | | | | |
| | Last | First | Middle | | | | |
| ADDRESS | | | | | | | |
| | Street & No | City | State | Zip | | | |
| TELEPHONE | | | | | | | |
| | Home | Cell | | | | | |
| EMAIL ADD | RESS | | | | | | |
| General Inf | ormation (Attach additiona | (sheat if needed) | | | | | |
| General III | | sheer in heeded) | | | | | |
| Have you e | ever been convicted of any | crime under the name you used | l on this application or under | r any other name? | | | |
| Yes | No | | | | | | |
| If yes, pleas | e explain when, where, & d | isposition of case. | | | | | |
| | | | | | | | |
| | | | | | | | |
| Are you a l | | | | | | | |
| | No | | | | | | |
| | | | | | | | |
| Please list th | ne days & hours you are avo | ailable to work: | | | | | |
| Are you loc | king for Full-time or Part-time | e employment? | | | | | |
| | | | | | | | |

Please list your previous three Employers; starting with your most recent Employer:

| | Employer Name: | Address/phone number: | Supervisor: | | | | |
|--|----------------|-----------------------|-------------|--|--|--|--|
| 1. | | | | | | | |
| 2. 3. | | | | | | | |
| | | | | | | | |
| Is it permissible to contact your current employer? Yes No | | | | | | | |
| Refere | nces | | | | | | |

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. DHS does require that we personally speak with each of your references, so we recommend that you let your references know to expect a call from us.

| Name | Address | Phone |
|------|---------|-------|
| | | |
| Name | Address | Phone |
| Namo | Address | Phone |
| Name | Address | Phone |

This job requires 10 hours of childcare-related training in the first year of employment. Following the first year of employment, maintain current certification for Iowa's training for the Mandatory Reporting of Child Abuse; infant, child and adult, CPR; and infant, child and adult First Aid. Receive 6 contact hours of training annually. Do you understand that you will be responsible for acquiring these training hours and maintaining current certifications? Yes (initial)

Please read & sign the statement below.

I certify that, to the best of my knowledge & belief, the information given truly represents my background & experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment.

I authorize my current & former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing the same. I also permit this employer to make a background investigation of me.

Signature _____ Date _____

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