

Personal Information

Date of Application _____

Name: _____ SS#: _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

If you cannot be reached at the above phone number, where may we contact you ?

Name / Phone: _____ Phone: _____

Employment Desired

First Choice: _____ Shift: _____ Salary: _____ Full-time: _____ Part-time: _____

Second Choice: _____ Shift: _____ Salary: _____ Full-time: _____ Part-time: _____

Third Choice: _____ Shift: _____ Salary: _____ Full-time: _____ Part-time: _____

Date available to begin work ? _____

Will you accept employment of: _____ Full-time ? _____ Part-time ? _____ Temporary ?

Are you 18 years of age or older ? _____ yes _____ no

Are you employed now ? _____ yes _____ no May we contact your present employer ? _____ yes _____ no

How did you learn of this opening ? _____

Education

Circle Highest Grade Completed: 8 9 10 11 12 13 14 15 16

Name of School - Location

Courses Taken

Completed

Degree

High School: _____ yes _____ no

College: _____ yes _____ no

Vocational
or Business: _____ yes _____ no

Professional: _____ yes _____ no

Extracurricular Activities in School: _____

Professional Organizations: _____

Honors Received, Volunteer or Community Service: _____

Are you an active member of the U.S. Armed Forces ? _____ yes _____ no If yes, commitment : _____

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number
_____	_____	_____	_____
_____	_____	_____	_____

Please list two personal references not related to you, whom you have known at least one year.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime in this state or any other state? _____ Yes _____ No

If yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude you from employment.

Employment Record (list current/most recent position first)

Present and Former Employers

Dates Employed

Salary Range

Position & Duties

Employer Name/Address

_____ From: _____ Starting: _____

_____ To: _____ Ending: _____

Phone: _____

Supervisor: _____

Employer Name/Address

_____ From: _____ Starting: _____

_____ To: _____ Ending: _____

Phone: _____

Supervisor: _____

Employer Name/Address

_____ From: _____ Starting: _____

_____ To: _____ Ending: _____

Phone: _____

Supervisor: _____

Employer Name/Address

_____ From: _____ Starting: _____

_____ To: _____ Ending: _____

Phone: _____

Supervisor: _____

If your former employment references, education, or military service are under a name other than indicated on front of application, please indicate below:

Last: _____ First: _____ Middle: _____

Please indicate days and hours you are available for work. Please be specific.

<u>Day</u>	<u>From</u>	<u>To</u>	<u>Availability Record</u>
Monday	_____ am	_____ pm	Primary Position desired ? _____
Tuesday	_____ am	_____ pm	
Wednesday	_____ am	_____ pm	Will you accept another position ? _____ yes _____ no
Thursday	_____ am	_____ pm	If so, what position ? _____
Friday	_____ am	_____ pm	
Saturday	_____ am	_____ pm	Are you available to work:
Sunday	_____ am	_____ pm	Weekends ? _____ yes _____ no
			Holidays ? _____ yes _____ no
			Rotating Shifts ? _____ yes _____ no

Do you limit your annual earnings due to Social Security or other reasons? _____ yes _____ no. If yes, please state the maximum amount you wish to earn \$ _____. I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this facility.

Notices

Do you have a record of founded child or dependent adult abuse ? _____ yes _____ no

In accordance with SF523 effective 7/1/97, this serves as notice:

“The applicant understands that prior to employing any individual in this facility, state law requires facilities licensed under 135C of the Iowa Code to conduct criminal record and dependent adult abuse record checks through the Department of Criminal Investigation. The applicant hereby consents to the facility conducting the required record checks and agrees to cooperate in any evaluation which may be required by the Department of Human Services.”

Duncan Heights will also complete a background/record check with the:
Office of Inspector General (OIG)
Department of Transportation driving record

Applicant Signature: _____ Date: _____

Employment Understanding (Please Read and Sign)

This facility does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this facility the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future examinations as may be required by this facility at such times and places as the facility shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within 3 (three) days show satisfactory evidence of identity and eligibility for employment.

Applicant Signature: _____ Date: _____

Duncan Heights, Inc.
Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decisions or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for: _____

Referral Source:

Walk - In Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement - Source: _____ Other

Name of person who referred you (if applicable): _____

Applicant Information:

Name: _____ Phone: _____

Address: _____

Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

American Indian / Alaskan Native Hispanic / Lation (White race only) White Black / African American
 Native Hawaiian Hispanic / Lation (all other races) Asian

For Administrative Use Only

Position(s) applied for: Available Not Available Other

Other position(s) considered for: _____

Hired: No Yes Position hired for: _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials & Managers Sales Operatives (semi-skilled)
 Professionals Office / Clerical Laborers (unskilled)
 Technicians Craft workers (skilled) Service workers

Notes: _____

Completed by: _____ Date: ____/____/____