

Employment Application

APPLICANT INFORMATION			
First Name	Last	Middle	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell: Home:	E-mail Address	
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime or had a deferred judgment for a crime, in this state or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, explain: _____			
Have you ever been prohibited from working for Medicaid or Medicare? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, explain: _____			
Please describe the hours you are available: (check all that apply):			
_____ Weekdays	_____ Evenings	_____ Weekends	
_____ Overnights in your home		_____ Overnights in a client's home	
_____ Days or evenings in your home		_____ Days or evenings in a client's home	
EMERGENCY CONTACT			
Name	Phone Number	Relationship	

EDUCATION			
High School		City and State:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City and State:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City and State:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EXPERIENCE
Please describe your experience working with children, with or without special needs. Personal experience, including parenting, as well as paid and volunteer experiences count! Please specify if your experience includes children or adults with a disability or special need.

REFERENCES

Please list three professional or personal references.

Full Name	Phone Number
Email Address:	Relationship
Full Name	Phone Number
Email Address:	Relationship
Full Name	Phone Number
Email Address:	Relationship

CURRENT AND PREVIOUS EMPLOYMENT

Company	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving
May we contact your current employer? YES <input type="checkbox"/> No <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving
Company	Phone ()
Address	Supervisor
Job Title	
From To	Reason for Leaving

OTHER INFORMATION

Are you applying to work with a specific individual? If yes, list Name and Phone Number:

Do you have reliable transportation? YES <input type="checkbox"/> No <input type="checkbox"/>	Do you have a phone with voice mail? YES <input type="checkbox"/> No <input type="checkbox"/>
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Were you referred to Iowa Family Services? If yes, list the Name of individual:

DISCLAIMER AND SIGNATURE

The information I have provided on this application is accurate to the best of my knowledge and subject to validation by *Iowa Family Services, Inc.*

I understand that criminal records, child abuse records, and dependent adult abuse records will be obtained, and I hereby authorize *Iowa Family Services, Inc.* to obtain a copy of all such records.

Signature	Date
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**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER _____

**TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319**

FROM: Iowa Family Services, Inc.

4401 Westown PKWY STE 250

West Des Moines, IA 50266

Phone # 515.270.0093

Fax # 515.270.4939

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(recommended)

____/____/____
Date of Birth
(mandatory)

Sex
(mandatory)

____-____-____
Social Security Number
(mandatory)

Other last names: _____

Signature of Requester

THERE IS A SEPARATE FORM "A" REQUIRED FOR EACH LAST NAME SUBMITTED

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached

No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature

Date