



Employment Application		
Date of Application	For Information 641-782-4170 Ext. 23	Office Use Only – Date of Contact
Applicants for all positions will be considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or Veteran status, sexual orientation, or any other legally protected status.		

AGENCY APPLYING FOR	
<input type="checkbox"/> <b>CARE</b> Afton, IA 641-347-5611  <input type="checkbox"/> <b>Innovative Industries</b> Creston, IA 641-782-8495  <input type="checkbox"/> <b>Support Services of South Central Iowa</b> Greenfield, IA 641-743-0063	<input type="checkbox"/> <b>Southern Iowa Resources for Families</b>  <input type="checkbox"/> Creston, IA 641-782-4170 <input type="checkbox"/> Corydon, IA 641-872-1411 <input type="checkbox"/> Leon, IA 641-446-6808 <input type="checkbox"/> Osceola, IA 641-342-2395

EMPLOYMENT DESIRED	
Position Applied for	
Would you be willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you available for work: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight	
Wage Desired	Date Available to Start

PERSONAL INFORMATION		
Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone		
E-mail Address		Are you 18 years old or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you legally able to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for any of these companies? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, when:		
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes explain:		
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? Code of Iowa 63.11(3)c <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes explain:		

I understand and agree that a criminal history, child abuse, dependent abuse, and MVR records check will be conducted prior to employment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand and agree that I will be required to take a physical examination and Drug Screen and agree to release the results to my employer prior to employment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to provide verification that I have a current and valid driver's license and vehicle insurance. Note: SR22 Insurance does not meet this requirement.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Check all that apply: I have a relative that works for one of the 4 HMA agencies. I know a consumer who is served by one of the 4 HMA agencies.	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO

EDUCATION		
High School	Location	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Receive GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
College	Location	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other Education	Location	
From To	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES – PLEASE LIST THREE PROFESSIONAL REFERENCES.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT**

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Wages	\$	Ending Wages \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Wages	\$	Ending Wages \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Wages	\$	Ending Wages \$
Responsibilities:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**MILITARY SERVICE**

Branch	From	To
Please list Military experience, training, or education:		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If hired, I understand that false or misleading information in my application or interview may result in termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_