

Friends Forever Social Education Center

Application for Employment

Name: _____ Date: _____

Positions applied for: First Choice _____
Second Choice _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____
_____ Employment Agency _____ Other (please list): _____

Address: _____
& Street _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Social Security #: _____ Date of Birth _____

If you are employed and under the age of 18, can you provide a work permit? _____ Yes _____ No _____ N/A

Have you filed an application here before? _____ Yes _____ No

Have you ever been employed here before? _____ Yes _____ No

Are you currently employed now? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____ Yes _____ No
(Proof of citizenship or immigration status may be required upon employment)

What approximate starting salary would you require? \$ _____ per _____ (hour, year, etc.)

On what date would you be able for work? _____

Are you available to work _____ Full-Time _____ Part-Time _____ Temporary
(mark all that apply) _____ Nights _____ Evenings
_____ Weekends _____ Holidays

Can you travel if a position requires it? _____ Yes _____ No

Do you have or are you able to obtain a Chauffer's License (15 passenger or less)? _____ Yes _____ No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in the State of Iowa or any other state? _____ Yes _____ No If yes, please explain: _____

Friends Forever Social Education Center requires the following prior to employment. Do you agree to the following?

Criminal Background Check _____ Yes _____ No

Child & Adult Abuse Check _____ Yes _____ No

Post-Job Offer Physical _____ Yes _____ No

Are you a Veteran of the U.S. Military Service? _____ Yes _____ No

Do you hold any professional licensures? _____ Yes _____ No

If so, please list: _____

Please list any special skills or qualifications that will assist you in the job you are applying for:

EMPLOYMENT	From / To	Position	Basic Job Duties	Reason for leaving
1				
2				
3				
4				

EDUCATION	High School	College/University	Graduate / Professional
School Name			
Years Completed			
Diploma / Degree	Yes or No	Yes or No	Yes or No
Describe course of Study			
Describe specialized training			

REFERENCES	#1	#2	#3
Name			
Address			
Phone Number			
Reference Type	Personal or Professional	Personal or Professional	Personal or Professional
Email Address			

By signing this application, I acknowledge that the information provided is correct and will be kept confidential.

Signature

Date

Please submit application for employment to:

Friends Forever Center Manager
500 Fairmeadow Drive
Webster City, IA 50595

IOWA DEPARTMENT OF HUMAN SERVICES

REQUEST & ACKNOWLEDGEMENT TO CONDUCT REGISTRY AND RECORD CHECK

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the department's clients or provide Department approved services for the Department's clients and hereby request the Department conduct such a Registry and Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

SEXUAL OFFENDER REGISTRY

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

CHILD ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

DEPENDENT ADULT ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

CRIMINAL HISTORY RECORD

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature

Date

INFORMATION REQUIRED FOR REGISTRY AND RECORD CHECK

PLEASE TYPE or PRINT LEGIBLY

Last Name First Name Middle Name Maiden Name (if applicable)

Alias (if applicable) Alias (if applicable) Alias (if applicable) Alias (if applicable)

SELECT REASON FROM LIST

Date of Birth Gender Social Security Number (###-##-####) Reason for Check

Address Address 2

City State ZIP

This is an initial check ☐

This is a renewal or recheck ☐

For DHS Employees, Volunteers, or Contractors only:

Position: _____

Institution: _____ Serv. Area: _____

CSCMR: _____ Cent. Off.: _____

For Child Care Center Employee/Volunteers only:

Requestor Name: _____

Mailing Address: _____