



111 East Linn Street • P.O. Box 1356 • Marshalltown, IA 50158-1356

Phone (641) 752-5762 • Fax (641) 752-9514

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone ()-
					Cell Phone ()-
	City, State, Zip				Business Phone ()-
	Social Security No.				Will You Work Overtime if Asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with us?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				
	Position Desired			Pay Expected	
	Are you legally eligible for employment in the United States?			When will you be available to begin work?	
	Do you have transportation if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn of our organization?					
Do you have any health or physical limitations that would limit your ability to perform the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()-
	Address	Employed (State Month and Year) From To
	Name of Supervisor	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()-
	Address	Employed (State Month and Year) From To
	Name of Supervisor	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No.
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()-
	Address	Employed (State Month and Year) From To
	Name of Supervisor	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Please list at least two past employers or individuals who can assess your past work performance.
(Include address and phone number) References should not be related to applicant.

R E F E R E N C E S	1	NAME & ADDRESS	PHONE #
	2	NAME & ADDRESS	PHONE #

Voluntary Affirmative Action Information —(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date ____ / ____ / ____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL GOVERNMENT EMPLOYMENT AGENCY

PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ () _____
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

For Personnel Department Use Only

POSITION(S) APPLIED FOR AVAILABLE NOT AVAILABLE

OTHER POSITIONS CONSIDERED FOR _____

HIRED YES NO DATE OF HIRE ____ / ____ / ____

POSITION HIRED FOR _____

EEO CLASSIFICATION _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

NOTES _____

COMPLETED BY _____ DATE ____ / ____ / ____

DRIVER'S VIOLATION AND ACCIDENT RECORD

NAME _____
(Please print or type full name)

Driver's License Number: _____

Address: _____

My Auto Insurance Carrier is: _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic accidents and/or violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 36 months.

DATE OF CONVICTION	OFFENSE	LOCATION (CITY, STATE, HWY)	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the past 36 months, have you held a driver's license or permit from any other state? Yes No

If Yes, please explain: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any accident or violation during the past 36 months. To verify the above information, I agree to provide CIRSI a copy of my valid drivers license so they may check with the authorities to get an actual copy of my Motor Vehicle Driving Record.

SIGNATURE _____ DATE _____

In this state or any other state do you have a:

A. Criminal History Record? *(including deferred status)*
(this will not necessarily disqualify an applicant from employment.)

- Yes
- No

B. Founded child abuse report?

- Yes
- No

C. Founded dependent adult abuse report?

- Yes
- No

If yes on any of the above, indicate the nature of the incident and date:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION FORM

Should I be employed by Central Iowa Residential Services, Inc., I agree to undergo and satisfactorily pass (at my expense) a medical examination after employment. I declare the information provided by me in the application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I understand that CIRSI will require a Dependent Adult Abuse check, Child Abuse Check and Criminal History Record Check from the Department of Human Services and the Department of Public Safety/Division of Criminal Investigation.

_____ Date

_____ Signature of Applicant