

FOR OFFICE USE ONLY  
 CH/DA ABUSE REGISTRY CHECK \_\_\_\_\_  
 DCI CRIMINAL HISTORY CHECK \_\_\_\_\_  
 PREA BACKGROUND \_\_\_\_\_  
 DRIVING BACKGROUND CHECK \_\_\_\_\_  
 PRE-EMPLOYMENT PHYSICAL \_\_\_\_\_  
 COPY OF DEGREE/TRANSCRIPT \_\_\_\_\_  
 APPROVED ETP \_\_\_\_\_  
 REFERENCE CHECKS COMPLETED \_\_\_\_\_



Adult Crisis and Stabilization Center North Iowa Elite Mental Health Services  
 North Iowa Juvenile Detention Services Brownstone Youth Services

FOR OFFICE USE ONLY  
 DATE OF HIRE \_\_\_\_\_ STARTING RATE \_\_\_\_\_  
 POSITION \_\_\_\_\_ STARTING DATE \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

North Iowa Juvenile Detention Services/North Iowa Regional Services provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Application Date: \_\_\_\_\_

Position(s) applied for:

☐ Resident Counselor ☐ Direct Care Staff ☐ Youth Advocate ☐ Transporter ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Initial

Preferred Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you legally authorized to work in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you 18 years or older? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes
Drivers License Number: _____ State Issued: _____ Expiration. Date _____	
Do you want your application kept confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes	

### Schedule Availability

Indicate your Preference: ☐ Full-Time ☐ Part-Time Salary Desired \_\_\_\_\_ per hour.

Please indicate your desired shifts (check all that apply):

☐ 1st Shift (7-3) ☐ 2nd Shift (3-11) ☐ 3rd Shift (11p-7a) ☐ Any Shift ☐ Weekends Only

How many hours per week are you wanting to work?: \_\_\_\_\_ What day would you be available to start? \_\_\_\_\_

Days you are **unavailable** to work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Please list the times you are **unavailable** to work for the above: \_\_\_\_\_

List any friends or family working for us: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

**Professional Licenses, Certifications or Memberships**

Type	License/Certificate Number	State Issued	Expiration Date

**Education or Vocational Training**

	Name and Address of School	Course of Study	Did you Graduate?	Years Completed?	Degree or Diploma
High School					
College or University					
College or University					
Other (Specify)					

**Work Experience**

List all of your work experience for the previous 10 years, additional experience should be on an additional sheet of paper.  
Include any relevant military or volunteer experience

Last or Current Employer:	Dates of Employment: From (mo./yr.) To (mo/yr.)
Street Address: City/State/Zip:	Job Title/Position:
Name of Supervisor & Phone Number:	Reason for Leaving:
Hours Worked Per Week: Wage:	
Job Duties/Responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain.	

Employer:	Dates of Employment: From (mo./yr.) To (mo./yr.)
Street Address: City/State/Zip:	Job Title/Position:
Name of Supervisor & Phone Number:	Reason for Leaving:
Hours Worked Per Week: Wage:	
Job Duties/Responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain.	

Employer:	Dates of Employment: From (mo./yr.) To (mo./yr.)
Street Address: City/State/Zip:	Job Title/Position:
Name of Supervisor & Phone Number:	Reason for Leaving:
Hours Worked Per Week:	Wage:
Job Duties/Responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain.	

Employer:	Dates of Employment: From (mo./yr.) To (mo./yr.)
Street Address: City/State/Zip:	Job Title/Position:
Name of Supervisor & Phone Number: Reason for Leaving:	
Hours Worked Per Week: Wage:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain.	

Are there any other experiences, skills, volunteer experiences, or qualifications you feel would fit you for work with juveniles or adults in a mental health crisis? \_\_\_\_\_

---

---

Have you ever been terminated for a position or resigned instead of being terminated? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

---

**Personal References (Do not list family or former employers)**

Name	Relationship to You	Job Title	Phone

---

**Acknowledgement**

I acknowledge I have not knowingly withheld any facts or circumstances that would if disclosed affect my application status. I understand that any material omission, misrepresentation, or false information given in my application, resume, interview, for future background checks may result in me not being considered for employment; and if not discovered by North Iowa Juvenile Detention Services/North Iowa Regional Services until after my becoming employed may result in immediate termination.

I understand as required by the State of Iowa code and State of Iowa licensing, if a conditional offer of employment is made, I must complete a background disclosure form, a DCI criminal background check, child and adult abuse records check, driving records check, a job-related physical, and a tuberculosis (TB) test must be completed before a final offer of employment will be made. If I refuse to complete or participate in any of the above requirements, I will not be eligible for employment at or with both NIJDS or NIRS.

I authorize North Iowa Juvenile Detention Services/North Iowa Regional Services (NIJDS/NIRS) to communicate with the persons listed as references and contact current/former employers. I authorize any current/former employers, educational institution, or government agency to give any authorized information to North Iowa Juvenile Detention Services/North Iowa Regional Services any information which they have on my present or previous employment.

I understand in accordance with Federal and State laws all individuals who are hired must as a condition of employment produce documentation verifying their identity and legal authorization to work in the United States. I understand that employment at North Iowa Juvenile Detention Services and North Iowa Regional Services is at will and employment can be terminated at any time.,

Applications will be kept on file for six months, after that, applicants interested in working at North Iowa Juvenile Detention/North Iowa Regional Services will need to reapply.

---

Signature

Date