FOR OFFICE USE ONLY

CH/DA ABUSE REGISTRY CHECK_____ DCI CRIMINAL HISTORY _____
CHECK _____ PREA
BACKGROUND_____
DRIVING BACKGROUND CHECK
_____

PRE-EMPLOYMENT PHYSICAL
_____ COPY OF
DEGREE/TRANCRIPT_____REFERENCE
CHECKS COMPLETED_____ OIG

DATE OF HIRE

_____
POSITION

Brownstone
Youth Services
STARTING RATE _____ STARTING DATE

APPROVED ETP_____ **APPLICATION FOR EMPLOYMENT** Application Date_____

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.

Position(s) applied for:
☐ Resident Counselor ☐ Crisis Support Staff ☐ Transporter ☐ Other_____

Name_____ Preferred Name_____
Last First Middle Initial

Current Address _____

Telephone Number_____ Email Address_____

Are you legally authorized to work in the U.S.? ☐ No ☐ Yes	Are you 18 years or older? ☐ No ☐ Yes
Do you have a valid driver's license? ☐ No ☐ Yes	Are you a Veteran? ☐ No ☐ Yes
Drivers License Number_____ State Issued_____ Expiration Date_____	
Do you want your application kept confidential? ☐ No ☐ 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 do you want to work?_____ What day would you be available to start?_____ Days you are **unavailable** to work (check below)

☐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?_____

Work Experience

List all of your work experience for the previous 10 years; additional expertise should be on an extra 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? ☐Yes ☐ 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? ☐Yes ☐ 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? ☐Yes ☐ 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? ☐Yes ☐ No If not, please explain.	

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)					

Professional Licenses, Certifications, or Memberships

Type	License/ Certificate Number	State Issued	Expiration Date

What additional experiences, skills, or qualifications do you have that would help you be successful in this position and support the work of our organization? _____

_____

_____

Have you ever been terminated from a position or resigned instead of being terminated? ☐ No ☐ Yes If yes, please explain_____

_____

_____

Professional References (Do not list family)

Name	Relationship to You	Job Title	Phone

Acknowledgment

I acknowledge that I have not intentionally withheld any facts or circumstances that, if disclosed, could affect my application status. I understand that any material omission, misrepresentation, or false information provided in my application, resume, or interview, or during future background checks, may disqualify me from employment. If not discovered by North Iowa Juvenile Detention Services/North Iowa Regional Services until after I am employed, it could lead to my immediate termination.

I understand that, as required by the State of Iowa code and licensing, if a conditional offer of employment is extended, I must complete a background disclosure form, undergo a DCI criminal background check, a child and adult abuse records check, a driving records check, a job-related physical, and a tuberculosis (TB) test before a final

offer of employment can be made. If I refuse to complete or participate in any of these requirements, I will not be eligible for employment with NIJDS/NIRS.

I authorize North Iowa Juvenile Detention Services/ North Iowa Regional Services (NIJDS/NIRS) to contact the references listed and current or former employers. I also authorize any current or former employers, educational institutions, or government agencies to provide any relevant information they have regarding my current or previous employment or education to North Iowa Juvenile Detention Services/ North Iowa Regional Services.

I understand that, according to Federal and State laws, all individuals hired must, as a condition of employment, provide documentation verifying their identity and legal authorization to work in the United States.

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