

FOR OFFICE USE ONLY

CH/DA ABUSE REGISTRY CHECK _____
 DCI CRIMINAL HISTORY CHECK _____
 DRIVING BACKGROUND CHECK _____
 PRE-EMPLOYMENT PHYSICAL _____
 COPY OF SS# & DRIVERS
 LICENSE CHECK _____



1440 West Dunkerton Road
 Waterloo, IA 50703

FOR OFFICE USE ONLY

DATE OF HIRE

STARTING RATE

POSITION

STARTING DATE

APPLICATION FOR EMPLOYMENT
(Please Print Plainly)

To Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL

Date _____

Name _____ Social Security No. _____
 Last First Middle

Present Address _____ Telephone No. _____
 No. Street City State Zip

Position(s) applied for: (circle one) Supervisor Resident Counselor Direct Care Staff Youth Advocate MHP RN Transporter

Rate of pay expected \$ _____ per week Would you work Full-Time _____ Part-time _____

Days or hours you are UNABLE to work _____

List any friends or relatives working for us _____

How did you learn of this position? _____

If your application is considered favorably, on what date will you be available for work? _____ 20_____

Are there any other experiences, skills, or qualification which you feel would especially fit you for work with juveniles or adult in a mental health crisis? _____

Have you ever been convicted of any offense in an adult court? _____ (If YES, give complete details. A conviction will not automatically exclude you from employment consideration.) _____

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High			1 2 3 4	Yes	
				No	
College			1 2 3 4	Yes	
				No	
Other (Specify)			1 2 3 4	Yes	
				No	

List below all present and past employment, beginning with your most recent

Name & Address of Company Telephone	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

Name & Address of Company Telephone	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

Name & Address of Company Telephone	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

Name & Address of Company Telephone	From Mo/Yr	To Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact _____

Have you ever been dismissed from any position? _____ Have you ever been forced to resign from any position? _____

To Whom it May Concern:

I hereby authorize you or your designee to release employment-related information concerning me to North Iowa Juvenile Detention Service.

I also release any individual, partnership or corporation and their officers, agents and employees from any liability for any damage whatever for issuing such information.

A photostatic copy of this authorization is considered as valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Please be certain all telephone numbers and addresses are accurate and current.

MILITARY SERVICES RECORD

Were you in the U.S. Armed Forces? Yes ___ No ___ If yes. What Branch? _____

Dates of duty from _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Right? _____ If yes, what training did you take? _____

I understand that prior to my beginning employment at the North Iowa Juvenile Detention Services, the Code of Iowa and Licensing Standards require clearance from the Child Abuse Registry and the Department of Public Safety and I, therefore, give permission for these confidential investigations. I fully understand that the form used for the Department of Public Safety record check requires my birth date _____ and maiden name (if applicable) and any alias names I have used in the past or currently.

_____ I understand that records which indicate abuse, neglect or exploitation of children or any crimes of violence will prevent me from being hired to work with juveniles in residence at the detention center or clients at the crisis or subacute center, or if discovered after being hired will constitute reason for termination.

Signature Date

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Any offer of employment is contingent upon a physical examination which clearly finds you able to do the required work. Employment is also contingent upon clearance from the Iowa Division of Criminal Investigation and Iowa Department of Human Services Child and Dependent Adult Abuse Registry.

Just as you have the right to quit a job, this employer has the right to terminate your employment at any time, for any reason.

Signature Date

FOR INTERVIEWER'S USE

INTERVIEWER(S)	DATE	COMMENTS

REFERENCE CHECK

	Results of Work Reference Check		Results of Reference Check
I			
II			
III			

RESULTS OF PERSONAL REFERENCE CHECK

Applicant's Comments

PRE-EMPLOYMENT DRUG AND SUBSTANCE SCREENING NOTIFICATION

It is the policy of North Iowa Juvenile Detention Services to maintain a safe work environment conducive to effective business operation. Pursuant to and consistent with this policy a pre-employment drug screening program is designed for all final employment applicants.

1. Employment applicants are requested to sign the pre-employment drug screening consent form for testing.
2. The initial urine screen, and confirmation will be done at the expense of NIJDS at the time of the pre-employment physical.
3. Failure to consent to the test will result in the remainder of the employment procedure not being completed and a rejection of the applicant.

4. Results of the urine screen for substance abuse will be reviewed by the Medical Review Officer at the hospital and if positive, the MRO will discuss the result with you before it is provided to the director of NIJDS.

5. A positive screen result will be grounds for rejection of the employment application

Your signature below indicates that you are aware of the condition for employment, and have been made aware of it at the time you filled out the application.

Signature

Date