



APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION				
NAME			PHONE (____)____-____	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
OVER 18 YEARS OF AGE Yes _____ No _____				
HOW OR FROM WHOM DID YOU HEAR ABOUT THE POSITION?				
EMPLOYMENT DESIRED				
POSITION: _____				
PLEASE CIRCLE: FULL-TIME OR PART-TIME				
GEOGRAPHICAL AREA: PLEASE CIRCLE ALL THAT APPLY				
BENTON	BUCHANAN	CEDAR	DUBUQUE	IOWA
JOHNSON	JONES	LINN	POLK	
DATE YOU CAN START:			SALARY DESIRED:	
EDUCATION				
	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED*	DATE GRADUATED*	SUBJECTS/ DEGREE
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.				



DISCLOSURE OF INFORMATION

Chapter 237.8 of the Code of Iowa requires that criminal and child abuse record checks be completed on all who work in child foster care agencies as a part of licensing standards. Chapter 692A.13(3), Code of Iowa, we will do a search on the Sex Offenders Registry. Please complete the information below and check the appropriate statement and add additional information required.

Last Name	
Maiden Name	
First Name	
Middle Name	
Social Security Number (SSN)	
Date of Birth (DOB)	
Gender	

_____ I hereby state that I have never been convicted by any law in any State of commission of any criminal act, operating a motor vehicle under the influence (OMVI), child abuse (ie. any lascivious act involving a child, child neglect, child endangerment, etc) or dependent adult abuse.

_____ I hereby state that I have been convicted by the law(s) of the following State(s) of the action(s) described.

If I am offered a position with this agency, and such act has occurred, I understand that I will need to request and be granted an authorization to work at this agency from the Iowa Department of Human Services prior to starting employment. I further understand that falsification of this information is grounds for dismissal and that I am required to disclose this information. Once I begin working for YPN, I understand that I must advise the agency of additional convictions, completing appropriate paperwork.

Signature: _____ **Date:** _____

Send results to: _____