



**Please Print**

Last Name	First Name	MI	Social Security Number
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number ( )	Referred by	Email	

Position Desired	Date Available To Start	Salary/Wage Desired
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where?	When?

**General Information**

List areas of special study/research, and/or special training/skills related to the positions for which you have applied

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Are you at least 18 years of age or older?  Yes  No

Do you have a valid Drivers License?  Yes  No If yes, which state?

Do you have current auto insurance with state minimum coverage?  Yes  No

Do you have reliable transportation which can be used to safely transport individuals in services?  Yes  No

Can you provide documentation proving your eligibility to work in the U.S.?  Yes  No

Do you have an active checking or savings account for direct deposit?  Yes  No

If "No" to any of the above, please explain

Please list any minor traffic violations in the last three (3) years:

Have you ever been convicted of a felony?  Yes  No Misdemeanor?  Yes  No (A conviction record will not necessarily bar employment.) If you answered "yes", please fully describe the criminal conviction(s), listing the nature of the offense, disposition and date of disposition, your age at the time of the offense, and your rehabilitation since the conviction(s)

Have you completed High School \ GED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you completed AA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:
Have you completed BA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:
Have you completed MA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:

**References:** Please give the names of two or more persons (not relatives or former employers) who have known you for one year or more, and whom we can contact.

Name	Address		Name	Address	
City, State, Zip	Years Known	Phone ( )	City, State, Zip	Years Known	Phone ( )

Are you seeking  Full-Time or  Part-Time employment?

When are you available to work? <input type="checkbox"/> Overnights Awake <input type="checkbox"/> Overnights Asleep						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From	From	From	From	From	From	From
To	To	To	To	To	To	To

You will be required to attend training Monday - Friday. Pre-service training must be completed within 90 days of hire. Training times will vary but may occur in the morning, afternoon or evening hours. Do you have a conflict that would prevent you from attending these specific training times?  Yes  No If yes, please explain:

**Applicant Name** \_\_\_\_\_

**Former Employers:** List below all present and past employment beginning with your most recent, accounting for all time since leaving High School, or the last seven years. Please **DO NOT** leave the phone number blank.

Company Name	Address	City	State
Phone ( )	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
If completed by phone, name of contact person		Title of contact person	
DSI representative completing reference			Date

Company Name	Address	City	State
Phone ( )	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
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If completed by phone, name of contact person		Title of contact person	
DSI representative completing reference			Date

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL." "I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THE APPLICATION AND THE REFERENCES AND AUTHORIZE EMPLOYERS LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND UTILIZATION OF SUCH INFORMATION." "I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature of Applicant	Date
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*This form must be completed in its entirety. Enter NA for any items that may not be applicable.*

1. I, \_\_\_\_\_, agree to give Developmental Services of Iowa, Inc. (hereafter referred to as DSI) permission to request and receive information about me from the Iowa Department of Human Services Dependent Adult Registry, the Iowa Department of Human Services Child Abuse Registry, and Iowa Division of Criminal Investigation. Copies of any information or reports, if any exist, may be released to DSI.
2. I authorize each and every former employer, school, individual agency, organization, or law enforcement agency to release any information requested by DSI in connection with the position for which I am applying. I herewith hold such persons harmless for releasing such information that is within their knowledge or records.
3. *The following information is required for identification purposes only*

List any other names used by you under which records may be filed (print or type)		
Date of Birth (mm/dd/yy)	Gender	Social Security Number
Signature		Date

To persons providing requested information, please send to:

Developmental Services of Iowa, Inc.  
535 W Broadway Suite 202  
Council Bluffs, IA 51503  
Phone: (712) 242-0533  
Fax: (712) 242-0534