

Employment Application



Reach For Your Potential ♦ 1705 South 1st Avenue, Suite I ♦ Iowa City, Iowa 52240

OFFICE USE ONLY		
Date of Interview:	Time of Interview:	Notes :

PLEASE ANSWER EVERY QUESTION COMPLETELY. This application and any attachments become a part of Reach For Your Potential records and will not be returned. Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address		Apt. #
City	State	Zip Code
Home Phone	Cell Phone	
Email (if applicable)		

Are you 18 year of age or older? (If you are hired, you may be required to submit proof of age) Yes _____ No _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes _____ No _____

<p>REACH FOR YOUR POTENTIAL IS AN EQUAL OPPORTUNITY EMPLOYER</p>
<p>We do not discriminate on the bases of race, color, religion, national origin, sex, gender identity, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.</p>

Background

Have you ever applied at Reach For Your Potential before? If yes, please indicate when:	Yes _____ No _____
Have you ever worked for Reach For Your Potential? If yes, please indicate when:	Yes _____ No _____
Have you ever been convicted of or pleaded guilty to any law violation (except speeding or parking violations)? If yes, please give details:	Yes _____ No _____ <i>(a "yes" answer does not automatically disqualify you from employment because the nature of the offense, date, and the job for which you are applying for will also be considered.)</i>
Are you now or do you expect to be engaged in any other employment? If yes, please explain:	Yes _____ No _____
Do you have a valid driver's license? *Many positions require the employee to provide transportation If yes, please indicate State, Date Issued, and Driver's License Number: State: _____ Date Issued: _____ DL# _____	Yes _____ No _____
Have you had your driver's license suspended or revoked in the last 3 years? If yes, give details:	Yes _____ No _____

Education / Training

Name of High School Attended:	Yrs. Attended	Diploma/Degree/Cert. Earned? Please List	Subjects Studied/Majors
Name of College Attended:	Yrs. Attended	Diploma/Degree/Cert. Earned	Subjects Studied/Majors
Name of Voc. or Tech. School Attended:	Yrs. Attended	Diploma/Degree/Cert. Earned	Subjects Studied/Majors
What skills or additional training do you have that are related to the job for which you are applying?			
What machines or equipment can you operate that are related to the job for which you are applying?			
List professional, trade, business, or civic activities and offices held (do not include labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status).			

Employment Experience

**Start with your present or most recent and list all prior employers. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer (most recent or current):		Job Title(s):	
Address:	City/State:	Dates of Employment: <i>Include month & year</i> From: _____ To: _____	
Telephone (<i>important</i>):	Fax Number (if available):		Starting Pay: \$ _____
Supervisor's Name:	May we contact for a reference check? Yes _____ No _____		Final Pay: \$ _____
Reason for leaving (or wanting to leave):			
Primary job duties:			

Name of Employer:		Job Title(s):	
Address:	City/State:	Dates of Employment: <i>Include month & year</i> From: _____ To: _____	
Telephone (<i>important</i>):	Fax Number (if available):		Starting Pay: \$ _____
Supervisor's Name:	May we contact for a reference check? Yes _____ No _____		Final Pay: \$ _____
Reason for leaving:			
Primary job duties:			

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Address:	City/State:	Dates of Employment: <i>Include month & year</i> From: _____ To: _____	
Telephone (<i>important</i>):	Fax Number (if available):		Starting Pay: \$ _____
Supervisor's Name:	May we contact for a reference check? Yes _____ No _____		Final Pay: \$ _____
Reason for leaving:			
Primary job duties:			

Additional Employment History

Name of Employer:		Job Title(s):	
Address:	City/State:	Dates of Employment: <i>Include month & year</i> From: _____ To: _____	
Telephone (<i>important</i>):	Fax Number (if available):		Starting Pay: \$ _____
Supervisor's Name:	May we contact for a reference check? Yes _____ No _____		Final Pay: \$ _____
Reason for leaving:			
Primary job duties:			

Name of Employer:		Job Title(s):	
Address:	City/State:	Dates of Employment: <i>Include month & year</i> From: _____ To: _____	
Telephone (<i>important</i>):	Fax Number (if available):		Starting Pay: \$ _____
Supervisor's Name:	May we contact for a reference check? Yes _____ No _____		Final Pay: \$ _____
Reason for leaving:			
Primary job duties:			

Other Applicant Information

Have you ever worked under any other name? If yes, please give name(s):	Yes _____ No _____
Are you presently employed?	Yes _____ No _____
If you are presently employed, may we contact your present employer?	Yes _____ No _____
Have you ever been fired from a job or asked to resign? If yes, please explain:	Yes _____ No _____

References / Additional Info

**Please give three personal references, not relative or former employers.

Name:		How do you know this person?
Address:	City/State:	Telephone (<i>important</i>):

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State any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

BE SURE TO READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of being hired or of my continued employment, if required.

I acknowledge that I have been informed of prohibitions of the Iowa Smokefree Air Act.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant's Signature

Date

Availability Form

Please check **all shifts that you are able to work** by putting an "X" in the appropriate boxes.

Only Residential Facilitators have set schedules; Direct Care staff do not have set schedules.

If you want 40 or more hours you need to provide 80 or more hours of availability.

(You should be available for twice as many shifts as you want.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9a-3p							
3p-10p							
10p-9a							

Please answer the below questions:

What is the ideal number of hours you would like to work in a week?

What is the first day you are available to work?

Are you able to work at a location that requires lifting/transferring of members?

Are you comfortable working with members of the opposite sex?

I, the undersigned, agree to the above availability. I understand that any changes made to my availability before my potential date of hire need to be approved by the Human Resources Coordinator.

Signature

Today's date