



# APPLICATION FOR EMPLOYMENT

Applicant: We appreciate your interest in our organization. Please fill in all blanks.

Name

First	Full Middle	Last	Email
Name that you go by if different than your first name			

Phone

Home	Cell	Work	County
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Social Security #	Driver's License #	D.O.B.	Gender*
			*Required for DPS Check

Present Address

Street	City	State	Zip
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Permanent Address

Street	City	State	Zip
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Position Desired  
Employment  
Status

Are you bilingual	If yes, what languages?
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Please Note All Hours You Cannot Work Do Not list current job schedule if you plan to resign if offered employment with us

Monday	Friday
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Tuesday	Saturday
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Wednesday	Sunday
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Thursday	Date Available to Begin Employment
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How did you learn about this position?

College  
Attended

Name	City	Last Year Completed (1, 2, 3, 4)
Major	Did you graduate?	
Minor	Degree Earned	

College  
Attended

Name	City	Last Year Completed (1, 2, 3, 4)
Major	Did you graduate?	
Minor	Degree Earned	

Professional  
References

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

List additional experience, certifications and what skill set you will bring to the position.

Employment  
History  
Current  
Employer

Company Name	Position	City	Telephone
Thru			
Start Date	End Date	Rate of Pay	
Reason for leaving			
Supervisor	Supervisor's Title		
Duties Performed			
May we contact?	If no, why?		

Previous Employer

Company Name	Position	City	Telephone
Thru			
Start Date	End Date	Rate of Pay	
Reason for leaving			
Supervisor	Supervisor's Title		
Duties Performed			
May we contact?	If no, why?		

Internship

Organization	Start	End	Supervisor
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Volunteer Work

Organization	Start	End	Supervisor
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Military Service Record

Are/were you in the U.S. Armed Forces	Branch	Rank
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List Duties and Special Trainings

Type of Discharge	If less than honorable, explain
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DPS/DHHS Check

Have you ever been convicted of an offense in adult court?	If Yes, List Offenses & Date(s)
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Number of Moving Violations in the last three years?	List Violations
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Have you ever had a founded child abuse report with the Department of Health and Human Services? (A found report WILL automatically exclude you from employment consideration.)

I understand that prior to beginning employment at Central Iowa Juvenile Detention Center, the administrative code of Iowa requires clearance from the Child Abuse Registry and from the Department of Public Safety. I voluntarily consent to these confidential investigations. I understand that records which indicate child abuse will prevent my employment at Central Iowa Juvenile Detention Center, and any other juvenile detention facility.

Required Information for DPS Maiden Name (and/or any  
Check: alias names):

I hereby affirm that the information provided above is accurate to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. Offer of employment is contingent upon a successful drug screening and physical examination

Electronic submission of this application  
substitutes for signature

Please Attach Your Resume and Class Schedule

Signature

Date