



**Hope Haven Area Development Center
1307 Broadway
West Burlington, Iowa 52655**

APPLICATION FOR EMPLOYMENT

Mission: To assist persons with disabilities to live a life of opportunity and well being.

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Social Security Number
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other			Email Address:	
Position Applied For:				Pay Expected:
Are you available for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Fill In <input type="checkbox"/> Overnights <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		What hours are you available?		Will you work overtime if asked?
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give age _____ Have you been employed with Hope Haven before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates _____ and Supervisor you worked for: _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you eligible to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a reliable vehicle in which you can transport clients? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of current and valid automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had more than three (3) moving violations, including ticketed accidents in the past year? If yes, please explain: _____			On what date would you be available to work?	
Professional license: (RN, LPN, CMA OR CNA)				
License Type: _____ License # _____ State Issued: _____				
Special Skills and Qualifications: Summarize special skills, qualifications, experiences, equipment used, and other information that you have acquired. Also, use this area to expand upon any other information you wish to relate.				

Vision: Hope Haven Area Development Center Corporation, through our commitment to excellence in care and services, will set the standard for support to persons with disabilities.

PERSONAL/PROFESSIONAL REFERENCES *(no relatives please)*

Name	Address	Phone Number

LEGAL RECORD:

Hope Haven is required by law to conduct a Criminal Record Check as a Post-Job-Offer condition of employment.

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE, OR HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME IN THIS STATE OR ANY OTHER STATE? CHECK ONE: ___ Yes ___ No Under what name(s)?

If "Yes," list the conviction(s) and disposition(s):

PLEASE READ THE INFORMATION BELOW AND SIGN

Having made application for employment with Hope Haven Area Development Center, I certify that the answers and information on this application are true and complete to the best of my knowledge. Desiring them to be informed as to my previous record and character, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release Hope Haven Area Development Center from any and all liability resulting from the investigation. I further understand that any information obtained is confidential and I will not have access to such information.

I hereby understand and acknowledge that any employment with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. Neither the acceptance of this application, the subsequent entry into any type of employment relationship or use of the personnel manuals, benefit plans, the like shall serve to create either an actual or implied contract of employment. It is further understood that this "at will" employment is specifically acknowledged in writing by an authorized executive of this organization. I consent to a post-job offer medical examination required by this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of this organization.

I UNDERSTAND that employment for certain job positions may be conditioned upon successfully passing a post-job-offer medical examination. Essential functions of certain job positions may include physical demands requiring the ability to lift up to twenty (25) pounds regularly and fifty (50) pounds occasionally.

Signature of Applicant

Date

Hope Haven Area Development Center is an Equal Opportunity/Affirmative Action Employer and will consider applicants for all positions without regard to race, color, creed, religion, national origin, age, sex, political belief, or disability.

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
FORM C**

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
Phone: (515) 281-5138
Fax: (515) 242-6876

From: Hope Haven Area Development Center
(Woodlake Group Home)
1307 Broadway
West Burlington, IA 52655
Phone: (319) 753-6701
Fax: (319) 754-0045

I am requesting an Iowa Criminal History/Child & Dependent Adult Abuse Check on:

Print legibly ALL NAMES USED

REQUEST

Last Name	First Name	Middle Name	

Last Name			

Last Name (Maiden)			
/ /			
Date of Birth	Sex	Social Security Number	
_____	_____	_____ / /	
Current Address	City	State	Zip Code
_____	_____	_____	_____

WAIVER

I hereby give permission for the below requesting official to conduct an Iowa Criminal History and Child & Dependent Adult Abuse check with the Division of Criminal Investigation and Iowa Department of Human Services.

Applicant Signature

Date

Human Resource Representative Signature

Date

AUTHORIZATION

During the application process and at any time during the tenure of my employment with Hope Haven Area Development Center Corporation, I hereby authorize Choice Point Work Place Solutions Inc., on behalf of Hope Haven Area Development center Corporation to produce a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or personal references and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

PRINT name

Street Address

City, State, & Zip

Applicant/Employee Signature

Date

Social Security Number

Date of Birth

Driver License Number

State Issued

In what states have you lived in the past 7 years?

_____, _____, _____, _____

FOR AGENCY USE ONLY

Applicant forwarded to: _____ Date: _____

Applicant selected for interview? Yes No

If no, reason(s) why screened out: _____

If yes, interviewed by whom? _____

Date interviewed: _____

Applicant selected for position? Yes No

If no, why? _____ Not eligible because of references or background checks

_____ Hours not appropriate

_____ No show for interview

_____ Not qualified

_____ No open position at this time

_____ More qualified person was hired

_____ Offered another job elsewhere

_____ Did not return calls for interview

_____ Phone disconnected

_____ Applicant desired higher wage

_____ Job offered/Quit before started

Will start on: (date) _____

Job Title: _____

Department: _____

Supervisor: _____

If reasonable accommodations made, please identify (including input from individual hired): _____

If Unable to make accommodations due to undo hardship, please explain: _____

Additional Comments:



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**VOLUNTARY AFFIRMATIVE ACTION/EQUAL
EMPLOYMENT OPPORTUNITY INFORMATION**

Hope Haven Area Development Center complies, as required with government regulations, regarding Affirmative Action and Equal Employment Opportunity. In our agency's effort to comply with government record keeping and other legal obligations, we ask that you **voluntarily** complete this applicant survey. This survey **is not** a part of your official application for employment, is separately maintained from applications, and will not be used in any hiring decisions. Hope Haven considers applicants for all positions without regard to race, color, religion, gender, age, creed, national origin, political belief, sexual orientation, or disability.

Please identify your gender: Male Female

Please identify the following:

- | | |
|---|--|
| <input type="checkbox"/> I am Hispanic/Latino | <input type="checkbox"/> I am Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> I am Asian | <input type="checkbox"/> I am American Indian/Alaskan Native |
| <input type="checkbox"/> I am White | <input type="checkbox"/> I am Black/African American |
- _____

Please identify the following:

- | | |
|---|--|
| <input type="checkbox"/> I am a Vietnam Era Veteran | <input type="checkbox"/> I am a Disabled Veteran |
|---|--|

Please identify the following:

- I am a person with a disability

Date: _____

Job applied for:
