



1170 Roosevelt St. Extension
Dubuque, IA 52001
Phone: (563) 556-7560
Fax: (563) 556-7565
www.areasresidentialcare.org

Application for Employment

IT IS THE MISSION OF AREA RESIDENTIAL CARE TO EMPOWER PEOPLE WITH MENTAL DISABILITIES TO ACHIEVE THEIR HIGHEST QUALITY OF LIFE.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the Human Resources Office.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source Newspaper Ad \_\_\_\_\_ Online Website \_\_\_\_\_ [ ] Government Employment Agency
[ ] Walk-in [ ] Private Employment Agency [ ] Other \_\_\_\_\_
If referred, name of Area Residential Care employee \_\_\_\_\_

Please print and answer all questions completely. This application will not be considered if questions are left unanswered, or if it is not signed and dated.

Name \_\_\_\_\_
Last First Middle Other Last Names Used

Address \_\_\_\_\_
Street City State Zip Code

Home Number ( ) Cell Phone ( ) E-Mail \_\_\_\_\_

If necessary, best time to call you at home is? \_\_\_\_\_ a.m./p.m.

May we contact you at work?..... [ ] Yes [ ] No

If yes, work number and best time to call \_\_\_\_\_ a.m./p.m.

Have you previously applied for employment with Area Residential Care?..... [ ] Yes [ ] No

If yes, give date. .... / /

Have you ever been employed with Area Residential Care before?..... [ ] Yes [ ] No

If yes, give dates. .... From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?..... [ ] Yes [ ] No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work. .... / /

Type of employment desired [ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal

If temporary or seasonal, give availability dates: \_\_\_\_\_

Shift Preference [ ] First [ ] Second [ ] Third

Are you on lay-off and subject to recall?..... [ ] Yes [ ] No

Will you drive your own vehicle and/or agency vehicle if job requires it?..... [ ] Yes [ ] No

Will you work overtime if needed?..... [ ] Yes [ ] No

Have you been convicted of any crimes, excluding misdemeanors?..... [ ] Yes [ ] No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain \_\_\_\_\_

# Employment History

List all your current and past employers, assignments, or volunteer activities, starting with the most recent and including military experience. Explain any gaps in employment in comments section below. **Complete the Additional Employment page if you have more than 4 past employers.**

Employer	Telephone ( )	Dates Employed		Circle One	Work Performed and Job Responsibilities
		From	To		
Street Address		/ /	/ /	FT/PT	
Address – City, State, Zip Code		Hourly Rate/Salary Starting		Average Hours Per Week	
Job Title		\$	Per		
Immediate Supervisor and Title		Hourly Rate/Salary Final		Average Hours Per Week	
Reason for Leaving		\$	Per		

Employer	Telephone ( )	Dates Employed		Circle One	Work Performed and Job Responsibilities
		From	To		
Street Address		/ /	/ /	FT/PT	
Address – City, State, Zip Code		Hourly Rate/Salary Starting		Average Hours Per Week	
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Address – City, State, Zip Code		Hourly Rate/Salary Starting		Average Hours Per Week	
Job Title		\$	Per		
Immediate Supervisor and Title		Hourly Rate/Salary Final		Average Hours Per Week	
Reason for Leaving		\$	Per		

May we contact your present and past employers? Yes \_\_\_ No \_\_\_ If no, please give reason.

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Comments (including explanation of any gaps in employment)

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Skills and Qualifications – Summarize any special training, skills, licenses, certificates, e.g. CPR, CPI, CMA, etc. and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position for which you are applying.

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## Educational Background

A. List last (3) schools attended. B. List address of schools. C. Major & minor fields of study. D. Number of years completed. E. Degree or diploma earned, if any.

Type of School	A. Name of School	B. Location of School	C. Major	D. Last Year Completed	E. Diploma/Degree AA/BA/BS & # of Credits
High School				9 10 11 12 GED	
College				1 2 3 4	# of Credits: _____
Other				1 2 3 4	# of Credits: _____

List all other languages (including American Sign Language) that you speak, read or write \_\_\_\_\_

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## Character References

List three persons familiar with your current abilities who we may contact for work and/or personal references. Please do not list relatives or former employers/supervisors. (Examples include clergy, pastor, professor, coach, teacher)

Name	Relationship	Home Address	Telephone Number Home/Business Number	Occupation
			( ) Best time of day to call?	
			( ) Best time of day to call?	
			( ) Best time of day to call?	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status).

Organization	Offices Held

List special accomplishments, publications, awards, (exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status)

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The following regulations or licensure standards and inquiry applies to all applicants applying for a position in the ICF/MR and/or RCF/MR programs effective July 10, 1995:

Iowa state regulations or licensure standards of the Department of Inspection and Appeals, Ch. 63.11 (3), personnel histories, part c, and Ch. 64.34 (3) states "A facility shall include the following inquiry in an application for employment: 'Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in the state or any other state?'"

As an applicant applying for a position in the ICF/MR or RCF/MR programs, you are asked to answer the following questions: 'Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in the state or any other state?'

**(Please circle one)      YES                      NO**

This application will be given every consideration, but its receipt does not imply that I will be employed.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate **all** references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 3 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand that the Agency may investigate my driving record, my criminal record, and/or the Iowa Central Dependent Adult Abuse Registry, Sex Offender Registry, Child Abuse Registry, Nurse's Aide Registry if job related.

If I am offered employment, a medical examination will be required before I start work. If the examination discloses medical conditions that prevent me from successfully performing the essential functions of the job, the company will attempt to make accommodations to allow me to work. If no reasonable accommodations can be found, or they cause an undue hardship on the company, the tentative offer of employment will be withdrawn.

I understand that any resume, letter of introduction/reference letters submitted with the application will become part of the application file.

I understand that it is my responsibility to ask for clarification if anything in this application is not understood.

**I ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENTS.**

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_