

Employment Application

Community Care, Inc.

108 East Industrial St.
DeWitt, IA 52742

Phone 563-659-4100
Fax 563-659-1428

Date _____
Name _____ Social Security Number _____ - _____ - _____
Address _____ Phone _____
City _____ State _____ Zip _____ E-mail _____
Driver's License Number _____

Position for which you are applying _____
What date can you start? _____ Which do you prefer? Full-time Part-time
For which schedules are you available? (check all that apply)

1st shift 2nd shift 3rd shift Weekends Other

Have you ever been employed here before? Yes No

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Note: If hired, verification of age and work eligibility will be required. Also, all new employees must submit an employment physical, drug screen, and criminal record check for employment with Community Care, Inc.

Education

Highest grade completed – (please circle) 8 9 10 11 12 GED

College degrees completed – (please circle) AA BA/BS MA/MS

College course of study Major _____ Minor _____

Other degrees, certificates, or licenses received – (please list) _____

Please list any additional training, education, or workshop experience applicable to the position applied for _____

Employment History

Please provide complete information concerning previous employment starting with the most recent employer. Failure to provide complete information may result in disqualification of this application.

Employer _____ Dates Employed _____ to _____
Address _____ Position _____ Pay _____
Supervisor _____
Phone _____ Reason for leaving _____
Job duties _____

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Personal References (please provide two) Do not use former employers or relatives.

Name _____ Phone _____
Address _____ Occupation _____
Relationship _____ Years Known _____

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Address _____ Occupation _____
Relationship _____ Years Known _____

How did you learn about this job?

- a. Walk-in
- b. Iowa Workforce
- c. Referral (if so, by whom _____)
- d. Newspaper (if so, which one _____)
- e. Online (if so, what site _____)
- f. School (if so, which one _____)

Do you have a record of founded child or dependent adult abuse? Yes No
Have you ever been convicted of a crime? Yes No
Have you ever been discharged or disciplined for performance related reasons? Yes No
Have you ever been discharged or disciplined for attendance or tardiness? Yes No
Have you ever been discharged or disciplined for fighting, assault, or related offenses? Yes No
Have you ever been discharged or disciplined for theft, unauthorized removal of company property, or related offenses? Yes No
Have you ever been discharged or disciplined for being under the influence of alcohol or drugs while on the job, or for possession, use, or abuse of alcohol or drugs on the job? Yes No

Signature

Date

Additional Information Please read and sign.

I understand that the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge, the information contained in this application is true and factual. I understand that any false or misrepresented information will immediately disqualify me from the application process or, if hired, may result in immediate termination of employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits, and I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation, or agreement contrary to the foregoing is binding on the company unless made in writing and signed by myself and an authorized representative of the company.

I hereby give my permission to Community Care, Inc. to investigate any aspect of my personal or employment background necessary for employment consideration. I also understand that a record check regarding my motor vehicle record, abuse record, and criminal record will be conducted. I understand that the results of these checks may disqualify me from employment. I also understand that a pre-employment drug screen, physical examination, and complete medical history will be required (some forms of untreated communicable diseases may disqualify you from remaining on staff in compliance with ADA standards).

Signature

Date

**Community Care, Inc.
Release Authorization**

- I. In connection with my application for employment, I understand that an investigative consumer report will be requested that may include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, Community Care, Inc. may be requesting information from public and private sources about my worker's compensation injuries, driving record, court record, abuse registries record, education, credentials, credit, and references.
- II. I acknowledge and understand that if employed, in connection with said employment, this authorization will serve as a release for collecting information on my driving record and abuse registries' record on an ongoing basis in accordance with CCI policy.
- III. I acknowledge that a fax or photocopy shall be as valid as the original.
- IV. I authorize any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Community Care, Inc. to furnish the information described in Section I and Section II.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Community Care, Inc. and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports. I understand that any employment that requires driving is dependent upon a driver's record deemed acceptable by Community Care, Inc.'s insurance provider.

Please print:

Name (last, first, middle)

Maiden Name _____

Address: street _____

city _____ state _____ zip code _____

Social security number _____ - _____ - _____

Date of birth _____

Driver's license number _____ state issuing license _____

Name as it appears on license _____

Signature _____ date _____

To be completed by employer:

Requested by:

Name of Company: Community Care, Inc. Name of Authorized Person: Carol Wells or Ginger Pingel

Company Address: 108 East Industrial St. Title: Human Resources

City: DeWitt state: IA zip code: 52742 Signature: _____

*Please provide MVR for the last three (3) years.

Account: 9165

**Community Care, Inc.
Written Interview Questions**

Name: _____

Date: _____

1. What do you and people with disabilities have in common?

2. Describe a time where you felt it was necessary to go above and beyond the call of duty and why it was necessary.

3. Why have you chosen to work with people with disabilities?