

Employment Application

Handicapped Development Center

3402 Hickory Grove Road
Davenport, IA 52806

Name _____ Social Security # _____
Phone (Home) _____ (Cell) _____ Address _____
Email _____

Position Applied For _____

Please answer by placing an "X" next to the appropriate response.

Have you ever been employed here before? Yes No

Are you of legal age to work? Yes No

Are you legally eligible to work in the USA? Yes No

Note: If hired, verification of age and work eligibility will be required.
Also, all new employees must submit an employment physical and criminal record check for employment with the Handicapped Development Center.

Educational Background

Highest grade completed _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ GED

College degrees completed _____ AA _____ BA/BS _____ MA/MS

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

College Course of Study Major _____ Minor _____

Please list any additional education, training, 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 _____ per _____
Phone _____ Supervisor _____
Reason for leaving _____

Job Duties _____

Employer _____ Dates Employed _____ to _____
Address _____ Position _____ Pay _____ per _____
Phone _____ Supervisor _____
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Job Duties _____

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Address _____ Position _____ Pay _____ per _____
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Reason for leaving _____

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Employer _____
Address _____
Phone _____

Date Employed _____ to _____
Position _____ Pay _____ per _____
Supervisor _____
Reason for leaving _____

Job Duties _____

Personal References (Please provide two)

Do not use former employers or relatives

Name _____
Address _____

Phone _____
Occupation _____
Relationship _____

Name _____
Address _____

Phone _____
Occupation _____
Relationship _____

For the following questions, please answer by placing an "X" next to the appropriate response.

How did you learn about this job?

Walk-In Newspaper HDC Employee Other

Do you have a record of founded child or dependent adult abuse? Yes No

Have you ever been convicted of a crime in this state or any other state? Yes No

Note: Conviction of a crime will not necessarily disqualify an applicant from employment

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 offense? 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

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 on 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 further understand that if any 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 me and an authorized representative of the company.

I, hereby give my permission to the Handicapped Development Center to investigate any aspect of my personal or employment background necessary for employment consideration. I also understand that a record check may be conducted.

Signature _____

Date _____

The Handicapped Development Center is an Equal Opportunity Employer.