

# 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 \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_ Pay \_\_\_\_\_ per \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

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.