

# Application for Employment



207B North Elm, Creston, IA 50801 (641) 782-8431 www.maturacommunityaction.com

Equal access to MATURA programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Home Phone# (\_\_\_\_) \_\_\_\_\_ Cellular/Other Phone# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

**Referral Source** (How did you hear about this position?): \_\_\_\_\_

If necessary, best time to call you is..... \_\_\_\_\_: \_\_\_\_\_<sup>am</sup> \_\_\_\_\_<sup>pn</sup>  
 Home  Cellular/Other

Type of employment desired:  Full-time  Part-Time  
 Seasonal  Temporary

Have you submitted an application here before?  
 Yes  No

If yes, give date(s) and position(s):  
 \_\_\_\_\_

Will you travel if job requires it?  
 Yes  No

Will you work overtime if required?  
 Yes  No

If under 18 and it is required, can you furnish a work permit?  
 Yes  No

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

Have you ever been employed here before?  
 Yes  No

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

Do you have a valid Driver License number if driving is required in the job for which you are applying:  
 Yes  No State \_\_\_\_\_

Is this a request for reemployment following extended military leave of absence from this company?  
 Yes  No

Have you every pleaded "guilty" or "no contest" to or been convicted of a crime?  
 Yes  No

Are you legally eligible for employment in this country?  
 Yes  No Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, please provide date(s) and details:  
 \_\_\_\_\_

Have you ever been fired or asked to resign from a job?  
 Yes  No If yes, please explain:  
 \_\_\_\_\_

**Nursing License Number (Skip if not applicable)**  
 Nursing License Number \_\_\_\_\_  
Information for employment purposes only.

If they have been explained to you, are you able to meet the requirements of this position?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later state to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond.

## References

**(Skip if on resume)**  
 List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Employment History

Starting with your most recent employer, provide the following information. **(Skip if on resume)**

Employer/Volunteer/Work Experience	Telephone # ( )	Month Year Month Year Dates employed: ___/___/___ to ___/___/___
Street address	City State	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ___ per ___
Starting job title/final job title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ___ per ___
Immediate supervisor and title (for most recent position held)	Email:	Commission/Bonus/Other Compensation \$ _____
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like more about your position?		
What were the things you liked least about the position?		

Employer/Volunteer/Work Experience	Telephone # ( )	Month Year Month Year Dates employed: ___/___/___ to ___/___/___
Street address	City State	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ___ per ___
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Immediate supervisor and title (for most recent position held)	Email:	Commission/Bonus/Other Compensation \$ _____
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like more about your position?		
What were the things you liked least about the position?		

## Educational Background

Starting with your most recent school attended, provide the following information. **(Skip if on resume)**

School (include City and State)	Years Completed	GPA Class Rank	Major/Minor	List Diploma, Degree, Certification or Other

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's executive director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_