

**Crittenton Center**  
EMPLOYMENT APPLICATION  
(Please Fill Out Completely)

PLEASE PRINT

Date: \_\_\_/\_\_\_/\_\_\_

Name: _____ Social Security #: _____		
LAST	FIRST	MIDDLE
Present Address: _____		Phone #: (____) _____
City _____	State _____	Zip _____
Permanent Address: _____		Phone #: (____) _____
_____		

Position(s) Applied for: \_\_\_\_\_

Type of Employment Desired:    Full-time    Part-time    Temporary    On-call    Seasonal    Intern

Date Available to Start: \_\_\_/\_\_\_/\_\_\_                      Salary Required: \$ \_\_\_\_\_ hourly/yearly

What hours would you be willing/able to work: Please indicate any potential scheduling conflicts (exclude conflicts which would indicate race, religion, age, or other protected status).	
Monday: _____	Friday: _____
Tuesday: _____	Saturday: _____
Wednesday: _____	Sunday: _____
Thursday: _____	

Have You Applied with the Crittenton Center or a Center Affiliate before?                      YES                      NO  
(Stella Sanford Child Development Center, Family Development Center, or Center for Shelter & Youth Development)

If Yes, when: \_\_\_\_\_

Are you 18 years of age or older?                      YES                      NO

Do you have a record of founded child/dependent adult abuse in this state or any other state?    YES                      NO

Have you ever been convicted, plead guilty, or received a deferred sentence for a crime  
(Misdemeanor or felony) in this state or any other state? (This includes and is not limited to OWI, DWI, etc.)    YES                      NO

If Yes, to any of the above, please explain all: \_\_\_\_\_

\_\_\_\_\_  
(A conviction may bear on the hiring decision, but is not automatic grounds for rejection of the application. Circumstances, as they relate to the job, will be considered.)

Work related organizations and activities. (Exclude those, which would reveal race, religion, gender, origin, age, disability, or other protected status.) \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School	Name/Location	Major/Course Studied	Years Completed	GPA	Degree Received	If Degree Received --Major
High School						
College						
Other						

**EMPLOYMENT HISTORY** (Most recent first)

Employer: _____ Address: _____ _____ Phone Number: _____ Supervisor's Name: _____ May We Contact for a Reference?      YES      NO If No, Please Explain: _____	Position: _____ Employed From:    /    /    To:    /    / Hours worked per Week: _____ Wage/Salary: _____ Reason for Leaving: _____ Job Duties: _____ _____
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**REFERENCES:** List 3 persons not related to you whom you have known at least one year.

Name	Address	Phone Number	Occupation	Years Known	Professional or Personal
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SPECIFIC SKILLS:**

Bi/Multilingual?      YES      NO      If Yes, what other language(s)? \_\_\_\_\_

Some positions with the agency require a valid driver's license and an acceptable driving record:

Do you have a valid drivers license?      \_\_\_\_\_ yes      \_\_\_\_\_ no      If yes, what state: \_\_\_\_\_

Driver's License # \_\_\_\_\_      Expiration Date \_\_\_\_\_

Computer Skills/Knowledge: \_\_\_\_\_

Other Skills, Licenses or Certifications: \_\_\_\_\_

List any additional information appropriate for consideration:

**PLEASE READ AND SIGN:**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be cause for dismissal. Further, I understand and agree that if employed, my employment is for no contractual period and may be terminated in compliance with Iowa Employment at will and the established personnel policies of this Agency. I also understand that continued employment is contingent upon a satisfactory completion of background checks i.e., Department of Criminal Investigation, Department of Motor Vehicles, Child Abuse Registry, etc. (IA Code 237.8)

This Agency does not discriminate on the basis of race, religion, gender, national origin, age, marital status, physical ability, or political belief.

I certify that I have read and understand the above information and the information I have provided is true, correct, and complete.

Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This application will be maintained in an active file for a period of three (3) months from date of this application.



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