APPLICATION FOR EMPLOYMENT

Eastern Iowa Disability Alliance (EIDA) is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____

Do you possess an Iowa Driver's License? Yes ___ No ___ DL# _____

APPLICANT QUESTIONS:

Position applying for: _____ Salary desired: _____ Date Available: _____

Are you available for work: Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐

Are you 18 years of age or older? Yes ☐ No ☐

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

Are you a military Veteran? Yes ☐ No ☐

If Yes, Date of Active Duty: From: _____ To: _____

Have you ever been convicted of, pled guilty of, or no contest to a crime other than a minor traffic violation? Yes ☐ No ☐

If yes, please specify the nature and number of offense(s) including dates: _____

Do any of your friends or relatives, work here? Yes ☐ No ☐ What Department: _____

EDUCATION:

School or last grade completed:

Name/Address of School: _____

Did you Graduate? Yes ☐ No ☐ Major Studies: _____

College or Technical School

Name/Address of School: _____

Did you Graduate? Yes ☐ No ☐ Major Studies: _____

Other Schooling or Training

Name/Address of School: _____

Did you Graduate? Yes ☐ No ☐ Years Attended/Major Studies: _____

Special Qualifications (include technical and professional licenses, awards, etc.): _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): _____

RECORD OF EMPLOYMENT:

List employers, **starting with the current or most recent** (Explain all gaps in time of employment):

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

RECORD OF EMPLOYMENT (continued):

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION(S) UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes ☐ No ☐

A copy of the job description or occupation has been given? Yes ☐ No ☐

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with EIDA is at-will, meaning that EIDA or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize EIDA to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release EIDA, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

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.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ TIME RECEIVED: _____ A.M./P.M.