



Application for Employment

Date of Application _____ Desired Position: _____

Personal Information

Full Name: _____
(first) (middle) (last)

Address: _____
(street) (city/town) (state) (zip)

Phone: (____) _____ Social Security Number: _____

Email Address: _____

Are you at least 18 years of age? Yes No

Are you at least 16 years of age? Yes No

(If less than age 16, can you furnish a work permit?) Yes No

Can you, if hired, submit verification of your legal right to work in the United States? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, **please be prepared to assure us that you can do so immediately upon being hired.**

Have you ever been employed here before? Yes No

If yes, date of previous employment _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you on a lay-off and subject to recall? Yes No

On what date would you be available for work? _____

Expected wage: _____

Are you available to work: FT PT

Hours available: 6 am–2 pm 2 pm–10 pm 10 pm–6 am Other

References

Give the name, address and telephone number of three references who are not related to you and are not previous.

Name Address Telephone Number

Name Address Telephone Number

Name Address Telephone Number

Have you ever been convicted of a criminal offense other than a traffic violation? Yes No

If so, what was the date and nature of the conviction? _____

Have you ever been the subject of an investigation into abuse or neglect of a child or adult? Yes No

If so, what was the outcome of the investigation? _____

Employment Experiences

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment. Exclude organization names which indicate: race, color, religion, sex, national origin or disability.

Employer/Business Name

Employer Name	Address	Telephone Number
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Job Title	Employment Duration (Start Date-End Date)	Supervisors Name
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Work Performed

Reason for Leaving

Employer/Business Name

Employer Name	Address	Telephone Number
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Job Title	Employment Duration (Start Date-End Date)	Supervisors Name
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Work Performed

Reason for Leaving

Employer/Business Name

Employer Name	Address	Telephone Number
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Job Title	Employment Duration (Start Date-End Date)	Supervisors Name
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Work Performed

Reason for Leaving

Applicants Statement

Please read carefully before signing.

I certify that the answers given in this application for employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this application and I understand that any false or misleading information provided may result in my immediate discharge.

In signing this application, I state that I understand that I will be required to fulfill all aspects of the job if I am hired to perform the job and understand that the failure to fulfill any aspect of the job may be grounds for termination. I also understand that I may be required to pass an agility test. I understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

I understand that this **application is not a contract of employment**; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason and the facility retains the same right.

Any changes to the employment relationship must be in writing. I understand that if hired, I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Date

An Equal Opportunity Employer

Applicants are considered for, and employees are treated during employment, without regard to age, race, color, creed, pregnancy, sex, national origin, gender, religion, disability, or status as a disabled veteran.

Results of Reference Checks

Employer #1

Employer #2

Personal Reference #1

Personal Reference #2

Personal Reference #3

Signature and title of person completing reference checks

Date

(Immediate supervisor of applicant must complete all references given by applicant)



Reference Authorization

Applicant:

Please complete and sign the reference authorization to expedite the processing of your application. By signing below, I voluntarily give Brooklyn Community Estate my permission to make an investigation of my past employment record, education history and character. I agree to cooperate in such an investigation and release from all liability and/or responsibility all persons, companies or corporations supplying such information.

Applicant Printed Name

Applicant Signature of Applicant

Applicant Social Security Number

FOR INTERNAL USE

Employer/Business Name

Employer

Telephone Number

Fax or Email

Yes No N/A

Applicants Job Title

Date applicant was employed (Start-End)

Eligible for Rehire

Job Knowledge Far Exceeds Exceeds Meets Below N/A

Quality of Work Far Exceeds Exceeds Meets Below N/A

Quantity of Work Far Exceeds Exceeds Meets Below N/A

Leadership Skills Far Exceeds Exceeds Meets Below N/A

Communication Skills Far Exceeds Exceeds Meets Below N/A

Attendance Far Exceeds Exceeds Meets Below N/A

Comments

Completed by

Title

Date





Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Brooklyn Community Estate

Mailing address (street/PO Box, city, state, zip code)

406 North Street

Phone number

(641) 643-3003

Fax number

6412076439

Email address

leslie.kirkpatrick@bcecares.com

I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us

