

Full Circle Child Development

Employment Application

Applicant Information								
Full Name:					Date:			
	Last	First			М.І.			
Address:								
	Street Address					Apartr	nent/Unit #	
					Ctota	7/0 0		
	City				State	ZIP Co		
Phone:			Email					
Date Availat	ble: Socia	I Security No.:			Desire	d Salary: <u>\$</u>		
Position App	blied for:							
Are you at least 16 years old?			Are yo	YES NO Are you authorized to work in the U.S.?				
		YES NO						
Have you ev	ver worked for this company?		lf yes,	when?				
Have you ev	ver been convicted of a felony?	YES NO						
lf yes, expla	in:							
		Ed	ucation					
High School	:	Addre	ss:					
From:	To: [)id you gradua	YES te?	NO □	Diploma::			
College: Address:								
0			YES	NO				
From:	To: [)id you gradua	te?		Degree:			
Other: Address:								
From:	To: C)id you gradua	YES	NO □	Degree:			
References								
Please list three professional references.								
Full Name:	Full Name: Relationship:							
Company:					P	hone:		

Address:				
Full Name: Company:				Relationship:
Address:				Phone:
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous Em	ployme	nt	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Sal	Starting Salary:		
Responsibilit	ties:			
From:	To: F	Reason fo	or Leaving:	
May we cont	act your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Sal	ary: <u>\$</u>		Ending Salary: <mark>\$</mark>
Responsibilit	ties:			
From:	To: F	Reason fo	or Leaving:	
May we cont	act your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Sal	ary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibilit	ties:			
From:	To: F	To: Reason for Leaving:		
May we cont	act your previous supervisor for a reference?	YES		

Military Service					
Branch:	From: To:				
Rank at Discharge:	ype of Discharge:				
If other than honorable, explain:					
Disclaimer and Signature					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
I understand that any employment at Full Circle Child Development Center is "at will," which means that the employee or the employer may end the employment relationship at any time.					

Signature:

Date:_____

STATE OF IOWA DHS CRIMINAL HISTORY RECORD CHECK FORM B					
	IF SING results show further research required of Child Abuse Registry, or if DCI results show criminal history, send Form B with SING sheet and DCI results to:	MARSHA MCBEE 5 TH FLOOR HOOVER BLDG 1305 E WALNUT ST, DES MOINES IA 50319 PHONE 515-281-6832, FAX 515-281-4597			
PURPOSE: X Child Day Care 237A.5, 237A.20		Adoption 600.8(1)(2) Child Abuse 232.71			
	Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142				
REQUEST Center Name and Mailing Address I am requesting an Iowa Criminal History (CCH) check on:					
Last Na	me Fir.	st Name Middle Name			

	Female Male
Date of Birth	Signature of Requester

<mark>Sex</mark>

Social Security Number

DO NOT WRITE IN THIS AREA – FOR DCI USE ONLY				
<u>RESULTS</u>				
As of		_(date) a name and date of birth check revealed:		
	CCH record attached	No CCH record found		
DCI Initials				

<u>WAIVER</u> (see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature		Date
Address	City, State, ZIP	

Maiden/Former Name, any Alias (*List All*)



Please attach this statement to Form 595-1396, Record Check Form B and have the applicant review prior to signing Form B:

Evaluation of Deferred Judgments

All deferred judgments, whether discharged or not, shall be subject to the record check review/evaluation process, as they are considered to be convictions.