



**26866 County Hwy S55
PO Box 8
New Providence, IA 50206
(641) 497-5294**

APPLICATION FOR EMPLOYMENT

Date of Application: _____

To Applicant: Thank you for your interest in Quakerdale. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future openings. Answer each question clearly and completely. If more space is required, use separate sheets of paper. All applicants will receive consideration without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. Equal access to 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.

Applicant Information

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Cell/Beeper/Other # (____) _____

Work Phone (____) _____ May we call you at work? _____ Email: _____

Do you have a valid driver's license? _____ State/License # _____

Have you ever applied to, or worked for Quakerdale before? _____ If yes, when? _____

Category of Employment (Check all that apply):

Full-Time Part-Time On-Call Intern Volunteer Mobile Camp

Position title you are applying for? _____

How did you hear about us/this opening? _____

State briefly why you would like to work for Quakerdale: _____

Do you have a record of founded child abuse or have you ever been convicted of a crime in this state or any other?

(Not including traffic violations) _____ YES _____ NO

If yes, explain: _____

General Information About Employment Desired

Are you available for work on weekends? _____ Are you available to work holidays? _____

Days of week you are available to work: _____

Hours you are available to work: _____

Are you available to work nights? _____

If hired, on what date could you start work? _____

Hourly rate of pay or salary desired: _____

Education and Training

	<u>School/Location</u>	<u>Major/Minor</u>	<u>Level of Degree/Diploma Received</u>
High School			
College/University			
Other			

References (not previous supervisors or relatives)

<u>Name</u>	<u>Relationship to You</u>	<u>Home/Work Telephone/ E-Mail Address</u>	<u># Years Known</u>

Special Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have experience working with children or at risk youth? _____ If so, provide dates, position, duties, below: _____

Professional Society Memberships: _____

Licenses (list states): _____

Please Read and Sign Below

(If there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize Quakerdale to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Quakerdale my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Quakerdale. In addition, I understand and agree that if I am employed, my employment relationship with Quakerdale is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Quakerdale.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Quakerdale benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Iowa driver's license and understand that I will be required to provide a copy of my proof of auto insurance. I also understand that any offer of employment is contingent on my ability to be covered by Quakerdale auto insurance, if required for my position.

I understand that my employment is subject to the results of a physical examination and satisfactorily meeting the results of child abuse and criminal record background checks.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature _____ **Date** _____

Affirmative Action
Voluntary Information

Quakerdale considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with government recordkeeping, reporting, and other legal requirements, we invite you to complete this survey. Providing this information is STRICTLY VOLUNTARY. Refusing to do so will not subject you to any adverse personnel decision or action. This survey is not part of your official application for employment. It will not be used in any hiring decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

(Please Print)

Position(s) applied for _____ **Date:** _____

Name _____
(Last) (First) (Middle)

____ Male ____ Female

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

____ White (not of Hispanic origin) ____ Black (not of Hispanic origin) ____ Hispanic
____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ Multiracial

Administrative Use Only

Position(s) applied for: ____ Available ____ Not Available

Other positions considered for _____

Hired ____ Yes ____ No

From the EEO Job Classifications listed below, which one best describes the position filled?

____ Officials & Managers ____ Sales Workers ____ Operatives
____ Professionals ____ Office & Clerical ____ Laborers (unskilled)
____ Technicians ____ Craft Workers ____ Service Workers

Notes: _____

QUAKERDALE

CHILD AND DEPENDENT ADULT ABUSE AND CRIMINAL RECORD CHECKS

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE OR
HAVE YOU EVER BEEN CONVICTED OF A CRIME, IN THIS STATE OR ANY OTHER
STATE?

Please check either "yes" or "no" and sign this form.

_____ YES I have a founded child or dependent abuse record and/or I have been
convicted of a crime.

_____ NO I do not have a founded child or dependent abuse record and I have not
been convicted of a crime.

By signing this, I give permission for Quakerdale to make a documented check of this statement through
the Child Abuse Central Registry and the Division of Criminal Investigation. If any criminal conviction
or record of founded child or dependent adult abuse is found to be true, information from either source
will constitute reason for termination.

Signature

Date

List anywhere else you have lived in the last fifteen years (by town, counties, state):

Town

County

State

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any names you have used in the past. Also, list your maiden and previous married names:

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

**TO: Iowa Division of Criminal Investigations
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319**

FROM:

PURPOSE: 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

I am requesting an Iowa criminal history (CCH) check on:

Last Name	First Name	Middle Name
Maiden Name	Sex	Social Security Number
Date of Birth	Signature of Requester	

RESULTS

As of _____ (date) a name and date of birth check revealed:

CCH record attached No CCH record found

DCI Initials _____

WAIVER
(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
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White: Submit to DCI or to County/Region Day Care

Yellow: Control Copy

WAIVER:

Iowa law does ***not*** require waiver. However, without a waiver any arrest over 18 months old ***without*** a disposition, cannot be given to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a deferred judgment is not considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e., second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 281-5138 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

Reminder:

Each agency, other than day care, should submit a self-addressed envelope with their requests. This will expedite the process.

FORM B IS FOR THE SPECIFIC PURPOSE SET OUT ON THE FRONT. COURT ORDERED HOME STUDY MUST SUBMIT FORM A WITH PAYMENT.

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report (Motor Vehicle Record)

In connection with your application for employment at Quakerdale, you may be required to provide a certified copy of your Motor Vehicle Record (MVR) as part of the process of considering your candidacy as an employee. You may obtain this record by visiting your local driver's license station or online at <http://www.iamvd.com/ods/driverrecord.htm>. Any fees for obtaining this are your responsibility and will not be reimbursed by Quakerdale.

The Fair Credit Reporting Act gives you specific rights related to consumer reporting (like the MVR). You will find these rights summarized on the reverse side of the document.

By your signature below, you acknowledge and agree to provide Quakerdale with a certified copy of you Motor Vehicle Record, if required, at your own expense.

Full Legal Name (include middle initial)

Social Security Number

Driver's License Number/State

Date of Birth

Signature

Today's Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outline below. You may have additional rights under state law. You may contact a state of local consumer protection agency or state attorney general to learn those rights.

- You may be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within in 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless you dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is file, you may ask that anyone who has recently received you report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven year old; ten for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurances. Such offers must include a toll-free phone numbers for you to call if you want your name removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or

Concerns Regarding:
CRAs, creditors and others not listed below

National banks, federal branches/ agencies of foreign banks (word "National or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

Banks that are state-chartered or are not Federal Reserve System members

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce

Activities subject to the Packers and Stockyards Act, 1921

Please contact:

Federal Trade Commission
Bureau of Consumer Protection FCRA
Washington, DC 20580 202-326-3761

Office of the Comptroller of the Currency
Compliance Management, MC 6-6
Washington, DC 20219 800-613-6743

Federal Reserve Board
Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-518-6360

Federal Deposit Insurance Corporation
Compliance & Consumers Affairs
Washington, DC 20429 800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator- GIPSA
Washington, DC 20205 202-720-7051