

EMPLOYMENT HISTORY: **START WITH MOST RECENT JOB.** May we contact your current employer? Yes____ No____

EMPLOYER	ADDRESS STREET, CITY, STATE	FROM MO./YR.	TO MO./YR.	Part or Full Time?	JOB TITLE/ DUTIES	REASON FOR LEAVING
_____ (Company Name/Type of Business)	_____					
_____ (Supervisor's Name)	Phone #()					
_____ (Company Name/Type of Business)	_____					
_____ (Supervisor's Name)	Phone #()					
_____ (Company Name/Type of Business)	_____					
_____ (Supervisor's Name)	Phone #()					
_____ (Company Name/Type of Business)	_____					
_____ (Supervisor's Name)	Phone #()					

Please list any other skills or special interests: _____

PROFESSIONAL REFERENCES (Please list references from current or previous work experiences.)

NAME	ADDRESS	OCCUPATION
	_____ _____ Phone#()	
	_____ _____ Phone#()	

Have you ever been terminated from any position? YES____ NO____ If so, please explain.

Can you provide written documentation that you are eligible to work in the United States? YES____ NO____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of crime (other than minor traffic violations) in this state or any other state?
YES____ NO____ (Possession of a conviction does not automatically preclude employment at COC.)

If yes what:

DATE	PLACE	VIOLATION	OUTCOME OF CASE

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

- ◆The information I have provided in this Employment Application is true, correct, and complete. I understand that if I am employed at COC, any misrepresentation or omission of fact on this application may result in termination of employment in accordance with COC policy.
- ◆I understand that my employment at COC is at will, and that either party is free to terminate the employment relationship at any time without cause and that no written or oral policy of COC is now or will be intended to constitute an express or implied contract.
- ◆In making this application for employment, I understand that a complete investigation may be conducted for the purpose of evaluating my qualifications for employment, which might include credit checks, criminal record checks, driving record checks, or contacts with my past employers or schools. I hereby voluntarily give COC the right and hereby authorize representatives of COC to make such investigations and release from all liability or responsibility all persons, companies, schools, or agencies who supply to COC information relevant to employment there.
- ◆I understand that prior to employing any individual in this facility, state law requires facilities licensed under 135 C of the Iowa code to conduct criminal record and dependent adult abuse record checks through the Department of Criminal Investigation. I hereby consent to the facility conducting the required record checks and agree to cooperate in any evaluation which may be required by the Department of Human Services.
- ◆I understand that a condition of employment is a TB test and a physical examination, that I must demonstrate eligibility to work in the United States, and that I may be required to provide proof of age in accordance with child labor law.

Signature:_____ Date:_____

Please return completed application to: 1553 Broadway, P.O. Box 347, Pella, IA 50219