



NOTE: All qualified applicants will receive consideration without regard to race, color, national origin, religion, creed, sex, age, sexual orientation, gender identity, genetic information, disability or protected veteran status.

Please fill out this application for employment completely. Your application will be considered for one year.

Date of this application: _____ Email Address: _____

Name: _____
(Last) (First) (Middle)

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ - _____

How did you learn about COC or this position? _____

(Please list name of person who referred you if applicable.)

List any relatives currently working at COC and their relationship to you: _____

Alternate Phone Number: _____

In which communities are you willing to work?
(Check all that apply)

Pella Knoxville Oskaloosa

Indianola Des Moines

When are you available to begin work? _____

COC has a variety of shifts available, including day/evening/night/weekend hours, and a 24-hour shift model. Please list the hours you are **NOT** able to work:

Have you worked for COC before? Yes No

If so, when? _____ Position held? _____

Under what name did you work at COC? _____

Position(s) applying for: _____ Are you available to work weekends? Yes No

Do you possess a valid IA Driver's License? Yes No

How many hours per week are you willing to work? Under 10

Do you have a valid IA Chauffeur's License? Yes No

Between 11 and 20 Between 21 and 30

If not, are you willing to get one? Yes No

Between 31 and 40 Full Time status only

EDUCATION HISTORY NAME AND LOCATION OF SCHOOL MAJOR OR COURSE NUMBER OF YEARS DEGREE RECEIVED GRADE AVERAGE

HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

MEDICATION ADMIN.

CERTIFICATION

OTHER TRAINING

MILITARY SERVICE

BRANCH

FROM

TO

RANK

DESCRIBE RELEVANT TRAINING RECEIVED

Are you in the Reserves or National Guard?

Which Branch?

Yes No

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	CONTACT	OCCUPATION
	Email _____ Phone _____	
	Email _____ 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.