



Main Office:
1556 S. 1st Avenue Suite B
Iowa City, IA 52240
Ph: (319) 338-3870 Fax: (319) 343-1120
www.access2independence.org

Employment Application

Name: _____

Address: _____

Phone: _____ Email: _____

Position(s) and Hours

Position(s) applied for: _____

Full-time Part-time _____ hours/week When are you available to start work? Date _____

How did you hear about us? _____

Education

High School/GED _____ City/State _____ Diploma Yes No

Post-Secondary _____ Major _____ Diploma Yes No

Post-Secondary _____ Major _____ Diploma Yes No

Professional Licensure/Certification

Type _____ State _____ Issued _____ Number _____ Expires _____

Type _____ State _____ Issued _____ Number _____ Expires _____

Other: _____

Answering yes to the following does not automatically bar employment; Access 2 Independence considers the nature of the information, the relationship to your employment, and dates involved. Background checks completed as part of pre-employment screening.

Has your license ever been restricted by a licensing board or agency? Yes No

Have you ever been disciplined, or is there disciplinary action currently pending against you, by any professional licensing Board or agency? Yes No

Do you have a record of founded child or dependent adult abuse against you? Yes No

Have you ever been convicted of a crime in this state or any other state? Yes No

If you answered yes to any question above, please explain: _____

An Equal Opportunity Employer

Employment - Please include the previous 10 years

May we contact present/past employer(s)? Yes No If No, please explain: _____

See included resume for job duties

1. Employer _____ Phone _____ Salary _____
Position(s) _____ Supervisor(s) _____
State/End dates _____ Reason for leaving _____
Major Duties _____
2. Employer _____ Phone _____ Salary _____
Position(s) _____ Supervisor(s) _____
State/End dates _____ Reason for leaving _____
Major Duties _____
3. Employer _____ Phone _____ Salary _____
Position(s) _____ Supervisor(s) _____
State/End dates _____ Reason for leaving _____
Major Duties _____
4. Employer _____ Phone _____ Salary _____
Position(s) _____ Supervisor(s) _____
State/End dates _____ Reason for leaving _____
Major Duties _____

Special skills, training, or other experience _____

Employment References

Name _____ Phone _____
Occupation _____ Company Name _____
Address _____ Years acquainted _____

Name _____ Phone _____
Occupation _____ Company Name _____
Address _____ Years acquainted _____

Name _____ Phone _____
Occupation _____ Company Name _____
Address _____ Years acquainted _____

Authorization and Signature

The facts set forth above in my application for employment are true and complete. I understand that false statements in this application, or omission of pertinent information, shall be considered sufficient for not hiring or, if discovered during my employment, for my dismissal.

Signature

Date