

MID-STEP SERVICES, INC.

EMPLOYMENT APPLICATION

Qualified applicants are considered for employment without regard to race, religion, national origin, sex, age, marital or veteran status or in the presence of a non-job related medical condition or handicap.

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (_____) _____ Email Address: _____
(Where you can be reached)

REFERRAL SOURCE TV Advertisement Radio Advertisement Internet Advertisement
 Newspaper Advertisement Friend Employment Agency Walk-In Relative Other

PERSONAL DATA _____

APPLICATION DATE _____ Date available to start work _____

Position(s) you are applying for _____

Are you applying for full-time part-time summer temporary (explain)

Almost all positions require week-end work. Are you able to work week-ends? Yes No

Please specify days and hours desired _____

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

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

If you have, please give details _____

If the conviction or record is from a state other than Iowa, please list: _____

(Such a conviction will not necessarily disqualify you for the position you are applying for.)

Proof of citizenship or immigration status will be required upon employment in accordance with the Employment Eligibility Verification (Form I-9)

Are you legally eligible for employment in the United States? Yes No

If you are not a U.S. citizen, do you have a green card, a work permit, or other legally recognized authorization to work?
 Yes No

I have read the JOB DESCRIPTION, QUALIFICATIONS, ESSENTIAL FUNCTIONS and PHYSICAL DEMANDS of the job/position I am applying for. I understand all of the requirements that are necessary to perform this job/position in a safe and satisfactory manner.

Applicant's Initials _____

Having received and read the job description, the qualifications, and the functions of the particular job/position you are applying for:

A. Please list below any qualifications for the particular stated job which you **do not** meet and any functions for the particular stated job which you would not, or may not, be able to perform. _____

B. For each item listed, please describe or demonstrate how, with or without assistance, you will be able to meet the job-related qualifications and/or perform the job-related functions. _____

Are you currently on layoff? Yes No If so, are you subject to recall? Yes No

Have you ever before applied to Mid-Step Services, Inc.? Yes No Dates _____

Have you ever been employed with Mid-Step Services, Inc.? Yes No Dates _____

Are you related to any of our employees? Yes No Employee Name _____

Are you related to anyone to whom we provide services? Yes No Name _____

Have you ever been known by any other last name(s) which this facility will be required to verify any of the information in this application? Yes No

If yes, give name(s) and identify related school, employer, etc. _____

EMPLOYMENT RECORD

Please list your present or most recent job first. Include military service assignments and volunteer activities.

Company Name _____
Address _____
Street City State Zip
Telephone () _____ Employment Dates _____ to _____
Position Title _____ Supervisor _____
Work Performed _____
Major Strengths and contributions in this position _____
May we contact this employer as a reference? Yes No Hourly Rate/Salary _____
Reason for leaving _____

Company Name _____
Address _____
Street City State Zip
Telephone () _____ Employment Dates _____ to _____
Position Title _____ Supervisor _____
Work Performed _____
Major Strengths and contributions in this position _____
May we contact this employer as a reference? Yes No Hourly Rate/Salary _____
Reason for leaving _____

Company Name _____
Address _____
Street City State Zip
Telephone () _____ Employment Dates _____ to _____
Position Title _____ Supervisor _____
Work Performed _____
Major Strengths and contributions in this position _____
May we contact this employer as a reference? Yes No Hourly Rate/Salary _____
Reason for leaving _____

DRIVING QUESTIONS

Do you have a valid driver's license? Yes No
Do you have any experience operating vehicles with more than six (6) but less than fifteen (15) persons? Yes No
If yes, please explain and describe the vehicles _____

Do you have a current Chauffeur Driver's License? Yes No
If required, would you be willing to obtain a Chauffeur's License? Yes No
Do you have a current Commercial Driver's License (CDL)? Yes No
Does your CDL have the passenger vehicle endorsement? Yes No

EDUCATION

The following education information will be used only for positions where specific education and training is required. Please complete all requested information that applies.

HIGH SCHOOL

School name _____ Grade Completed 9 10 11 12

School Address _____
Street City State Zip Code

Did you receive a High School Diploma? Yes No Did you receive a G.E.D.? Yes No

If you received a G.E.D. , please complete information below:

School Name _____

School Address _____
Street City State Zip Code

Did you receive H.S. Diploma/G.E.D. under any other last name besides the name listed on the front of this application? Yes No

If yes, please list the name _____

TECHNICAL SCHOOL

School name _____ Location _____

Course of Study _____ Certificate Received _____

COLLEGE

College name _____ Location _____

Years completed _____ Degree _____

Major _____ Minor _____

Post graduate? Yes No

MISC.

Describe any work you have performed with or for persons with disabilities, whether paid or volunteer.

Please list any licenses, certifications or specialized training you currently hold that are applicable to working with the developmentally disabled.

Please provide a written statement as to why you wish to become employed with our organization. What contributions do you feel you can and will make for the betterment of our organization?

Summarize special job-related skills and qualifications acquired from employment or other experience.

List any professional trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

REFERENCES

Please give name, address and telephone number of references who are not related to you.

Name

Address

Telephone

Years Known

PLEASE READ CAREFULLY:

The facts set forth in my application for employment are true and complete (as is all the supplemental information submitted in conjunction with this application). I understand that if employed, false statements on this application (and supplemental information) shall be considered sufficient cause for dismissal.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Applicants for employment are reviewed twice before a final hiring decision is made. Those applicants who pass the initial screening evaluation become eligible for final consideration. In the second phase, applicants will be tested for illegal drugs and controlled substances. If the initial drug screen provides inconclusive results, a second more specific test will be completed. The hiring process will be suspended while waiting for the results of the more specific test to establish the presence or absence of drugs.

Signature of Applicant _____

Date _____