

**Quakerdale Family Services**

**2932 240th Street**

**Marshalltown, IA 50158**

**(641) 752-2912**

**(641) 752-3639**

[**director@quakerdalefamilyservices.org**](mailto:director@quakerdalefamilyservices.org)

**APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| **Date of Application:** |  |

**To Applicant:** Thank you for your interest in Quakerdale Family Services. 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**

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| Name |  | | | | |  | | | | | | | | | | | | |  | | |  | | | | | |  | |
|  | | Last | | | | First | | | | | | | | | | | | | Middle | | | | | | |  | | |  |
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| Address | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | |  |
|  | | | Street | | | | |  | | | | | | | City County | | | | | | | | | | State | | | | ZIP Code |
| Telephone # | | | |  | | | | | |  | | | Cell/Other # | | | | | | | |  | | | | | | |  | |
|  | | | | |  | | | | |  | |  | | | | | | | | | | |  | | | | |  | |
| Work Phone # | | | | |  | | | | |  | | May we call you at work? | | | | | | | | | | | ☐ Yes ☐ No | | | | |  | |
|  | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | |  | |
| Email Address | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | |  | |
|  | | | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | |
| Do you have a valid driver’s license? | | | | | | | | | ☐ Yes ☐ No | | | | | | | | | State/ License # | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |
| Have you ever applied to or worked for Quakerdale before? | | | | | | | | | | | | | | | | | | | | ☐ Yes ☐ No | | | | If yes, when? | | |  | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Category of Employment (Check all that apply) | | | | | | | | | | | ☐ Full-Time ☐ Part-Time ☐ On-Call ☐ Intern ☐ Volunteer ☐ Mobile Camp | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Campus (Check all that apply) | | | | | | ☐ Manning ☐ Marshalltown ☐ New Providence ☐ Waterloo | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Position(s) you are applying for | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about Quakerdale/this opening? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Briefly state why you would like to work for Quakerdale | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Do you have a record of founded child abuse? ☐ Yes ☐ No If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been convicted of a crime in this or any other state? ☐ Yes ☐ No If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**General Information About Employment Desired**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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, when you could you start work? | | | |  | | | |
|  | | | | | | | |
| Hourly rate of pay or salary desired: | | |  | | | | |

**Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *School/Location* | *Major/Minor* | *Level of Degree/Diploma Received* |
| High School |  |  |  |
| College/University |  |  |  |
| College/University |  |  |  |
| Other |  |  |  |

**References (do not include friends or relatives)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* | *Relationship to You* | *Daytime Telephone Number /*  *E-Mail Address* | *# Years Known* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 yes, provide dates, position, and duties: |
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| Professional Society Memberships: | | |  | | | |
|  | | | | | | |
| Licenses (list states): |  | | | | | |

**Employment History**

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| **List all previous employers (last 10 years) starting with your present or most recent position below.**   |  |  |  | | --- | --- | --- | | ***Employer*** | ***Telephone*** | | |  |  | | | ***Address*** | ***Dates Employed*** | | |  | From: | To: | | ***Job Title*** | ***Salary*** |  | |  | Start: | Final: | | ***Supervisor*** | ***May we contact for a reference?*** | | |  |  | | | ***Reason for Leaving*** | ***Email Address for Contact:*** | | |  |  | | | ***Describe Work Performed & Job Duties*** | ***Explain any gaps between jobs here:*** | | |  |  | |  |  |  |  | | --- | --- | --- | | ***Employer*** | ***Telephone*** | | |  |  | | | ***Address*** | ***Dates Employed*** | | |  | From: | To: | | ***Job Title*** | ***Salary*** | | |  | Start: | Final: | | ***Supervisor*** | ***May we contact for a reference?*** | | |  |  | | | ***Reason for Leaving*** | ***Email Address for Contact:*** | | |  |  | | | ***Describe Work Performed & Job Duties*** | ***Explain any gaps between jobs here:*** | | |  |  | |  |  |  |  | | --- | --- | --- | | ***Employer*** | ***Telephone*** | | |  |  | | | ***Address*** | ***Dates Employed*** | | |  | From: | To: | | ***Job Title*** | ***Salary*** | | |  | Start: | Final: | | ***Supervisor*** | ***May we contact for a reference?*** | | |  |  | | | ***Reason for Leaving*** | ***Email Address for Contact:*** | | |  |  | | | ***Describe Work Performed & Job Duties*** | ***Explain any gaps between jobs here:*** | | |  |  | |  |  |  |  | | --- | --- | --- | | ***Employer*** | ***Telephone*** | | |  |  | | | ***Address*** | ***Dates Employed*** | | |  | From: | To: | | ***Job Title*** | ***Salary*** | | |  | Start: | Final: | | ***Supervisor*** | ***May we contact for a reference?*** | | |  |  | | | ***Reason for Leaving*** | ***Email Address for Contact:*** | | |  |  | | | ***Describe Work Performed & Job Duties*** | ***Explain any gaps between jobs here:*** | | |  |  | | | | | | |
| **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 Family Services 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 Family Services. In addition, I understand and agree that if I am employed, my employment relationship with Quakerdale Family Services 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 Family Services.  I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Quakerdale Family Services 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 and a current copy of my motor vehicle record. I also understand that any offer of employment is contingent on my ability to be covered by Quakerdale Family Services 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:** |  |  |

**Letter of Spiritual Journey**

All job candidates must submit a personal letter of Spiritual Journey describing how they envision their personal faith journey intersecting with the mission vision and values of Quakerdale Familly Services.

Please provide your letter of Spiritual Journey below or on a separate sheet.

**Equal Employment Opportunity**

**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 |

**VETERAN STATUS**

|  |  |
| --- | --- |
| ☐ Special disabled veteran | ☐ Other protected veteran |
| ☐ Vietnam era veteran | ☐ Armed Forces Service Medal veteran |
| ☐ Disabled veteran |  |

|  |  |  |
| --- | --- | --- |
| Discharge Date: |  |  |
| Recently Separated Veteran: | | |
| ☐ Within the last 12 months | | |
| ☐ Within the last 36 months | | |