

Application for Employment

Concerned, Inc.
P.O. Box 47, 1812 Industrial Parkway, Harlan, IA 51537
Phone: 712-755-5834
Fax: 712-755-7775
www.concernedinc.com

Please read the application carefully before you begin. (Please print or type)

Date of Application: _____

Position(s) applied for: _____

Name _____
Last Name First Name Middle Name

Address(es) past three years. Please list current address first.

Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

Telephone: Home # _____ Cell # _____ Other contact # _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Please answer these optional questions:

Social Security Number _____ Sex: Male Female

Ethnic Origin: Hispanic or Latino Native Hawaiian or other Pacific Islander
 American Indian/Alaskan Native White
 Asian
 Black or African American Other _____

How did you learn about us?

Newspaper Iowa Workforce Development Walk-In
 Website Referral by Friend/Relative Other _____

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed by Concerned, Inc? Yes No If yes, give date _____

Are you currently employed? Yes No May we contact your present employer? Yes No

On what date would you be available to work? _____

Are you available to work: Full-time Part-time Temporary

Are you willing to work nights? Yes No Are you willing to work weekends? Yes No

Are you on layoff and subject to call? Yes No Can you travel if a job requires it? Yes No

Previous Employment

Start with your most recent job. Include any job-related military skills you have acquired and/or volunteer activities. Organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status are optional. Information must cover at least the last ten years. If chosen for an interview, you will be asked to provide three personal references and two business references.

Employer _____ Start Date _____

Phone _____ End Date _____

Address _____

Job Title _____ Supervisor _____

Work Performed _____

Hourly rate or Salary: Starting _____ Final _____

Reason No Longer Employed _____

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Phone _____ End Date _____

Address _____

Job Title _____ Supervisor _____

Work Performed _____

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Employer _____ Start Date _____

Phone _____ End Date _____

Address _____

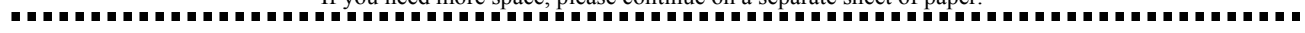
Job Title _____ Supervisor _____

Work Performed _____

Hourly rate or Salary: Starting _____ Final _____

Reason No Longer Employed _____

If you need more space, please continue on a separate sheet of paper.



Summarize any **job-related skills** and **qualifications** you acquired from employment, education, or experience.

Education

High School (name) and Location _____

Years Completed _____ Diploma/Degree _____

Describe Course of Study _____

College/University (name) and Location _____

Years Completed _____ Diploma/Degree _____

Describe Course of Study _____

Graduate/Professional Studies (name) and Location _____

Years Completed _____ Diploma/Degree _____

Describe Course of Study _____

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Use the space provided to describe any specialized training received, apprenticeship, skills developed, and extra curricular activities in which you have been involved.

Please list any honors you have received. _____

Please indicate any **foreign** languages you speak, read, and/or write. Rate the degree of your ability using the following terms: **Fluent, Good, or Fair.**

Speak: _____

Read: _____

Write: _____

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

Please list specialized training you have received which relates to working with persons with disabilities.

State any additional information you feel may be helpful for us in considering your application.

Why do you wish to become employed at Concerned, Inc.? What contributions do you feel you can/will make for the betterment of our organization?

Are you related to any: <input type="checkbox"/> Concerned, Inc. Employee or <input type="checkbox"/> Concerned, Inc. Resident/Client?
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Driver's Violation and Accident Report

Name (please print full name) _____

Driver's License # _____ State _____ Exp. Date _____

Certification of Violations: I certify that the following is a true and complete list of traffic accidents and/or violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 36 months.

Date of Conviction	Offense	Location (City, State, Hwy)	Type of Vehicle Operated

In the past 36 months, have you held a driver's license or permit from any other state? Yes No

If yes, please explain. _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any accident or violation during the past 36 months. I hereby give permission to request an actual copy of my Motor Vehicle Driving Record from the authorities.

Signature _____ Date _____

Have you ever been know by any other name(s) which Concerned, Inc. will require for verification of the information in this application? Yes No

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

I understand that meeting all driver qualifications is a requirement of employment with Concerned, Inc. Yes No

Do you have any experience operating vans holding up to 15 passengers? Yes No

If yes, please explain and describe vehicles. _____

Do you have a current Commercial Drivers License (CDL)? Yes No

If yes, does your DCL have a passenger vehicle endorsement? Yes No

Are you aware of all D.O.T. requirements? Yes No

Effective October 1, 2003, Concerned, Inc. must comply with Federal Transit Authority regulations (655.41, 655.42) and will require all applicants for employment in safety-sensitive positions or individuals transferred in safety-sensitive positions to have a pre-employment drug test. Applicants may not be hired or assigned to the safety-sensitive functions unless they take the test with a verified negative result. Each applicant shall be informed of the testing requirements personally at the first interview, as well as in writing prior to conducting the test.

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain. _____

Do you have a record of founded child/dependant adult abuse or have you ever been convicted of a crime in this state, or any other state? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

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

Having received, read, and understood the job description for the job for which you are applying, are you capable of performing the essential job functions included in the job description?

Yes No

Please list 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. For each item 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.

I hereby declare that the information I have provided in this application for employment is true, correct, and complete to the best of my knowledge, as is all supplemental information submitted in conjunction with this application. I understand that, if employed, any misstatement or omission of fact on this application or any corresponding supplemental information may be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my references. This report, if obtained, may include characterizations of me or my conduct. I further authorize investigation by law enforcement and any or all state and federal administrative agencies, employers, or any other appropriate firms or agencies in any state. I understand that additional information may be obtained. I understand that additional information may be required of me. I certify that I have completed this application.

Concerned, Inc. is an Equal Opportunity Employer. Each applicant will be given equal opportunity with respect to employment recruitment, selection, placement, and advancement without regard to sex, race, color, national origin, age, religion, creed, disability, or political affiliation.

In consideration of my employment, I agree to conform to the policies and procedures of Concerned, Inc. and that *my employment and compensation may be terminated, with or without cause, and, with or without notice, at any time at the option of either Concerned, Inc. or myself.*

Printed Name

Signature

Revised: October 1997

Amended: November 1998, April 2002, May 2006, August 2008