

Employment Application



1224 13th Street NW Cedar Rapids, IA 52405

319-365-9171

METH-WICK
COMMUNITY

Life as it should be

General Information

Name: _____

Date: _____

Present Address: _____

Telephone: _____

Are you willing to undergo a physical examination by your personal physician, or by a physician designated by Meth-Wick?: Yes No

Do you have any relatives employed by Meth-Wick? Yes No

If yes, in which department? _____

How were you referred to Meth-Wick? _____

Position applied for (please be specific): _____

The following conditions may be required at some point in a job assignment. If required, would you be willing to work:

- a) Shift Work? Yes No Shift Preference: Day Evening Night
- b) Rotational work schedule? Yes No
- c) Work other than Monday through Friday? Yes No
- d) Overtime? Yes No

What date would you be available to begin work? _____

Employment desired: Full-Time Part-Time Temporary Summer Occasional

Education and Training

Type of School	Name & Address of School	Graduated	Type of Degree, Diploma or Certificate	Major/Field of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Security Information

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

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of the offense and the disposition of the case: _____

Employment Experience: Include *your last five (5)* years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. (Attach additional sheet if necessary)*

1. Employer _____ Telephone # (_____) _____

Address _____
 (Street) (City) (State) (Zip Code)

Position Title _____ Supervisor's Full Name _____

Reason for Leaving _____

Dates of Employment: From ___/___/___ To ___/___/___ Base Rate of Pay \$_____ Per _____

Summarize duties and responsibilities: _____

2. Employer _____ Telephone # (_____) _____

Address _____
 (Street) (City) (State) (Zip Code)

Position Title _____ Supervisor's Full Name _____

Reason for Leaving _____

Dates of Employment: From ___/___/___ To ___/___/___ Base Rate of Pay \$_____ Per _____

Summarize duties and responsibilities: _____

3. Employer _____ Telephone # (_____) _____

Address _____
 (Street) (City) (State) (Zip Code)

Position Title _____ Supervisor's Full Name _____

Reason for Leaving _____

Dates of Employment: From ___/___/___ To ___/___/___ Base Rate of Pay \$_____ Per _____

Summarize duties and responsibilities: _____

Do you have any objections to our contacting your present employer to verify the above information?

No, you may contact at any time. Do not contact now, you may contact at a later date.

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Relationship/Yrs Known	Phone
1		
2		
3		

Please Read the Following Statements Carefully:

1. I understand and agree that:
 - a. The information that I have provided is accurate to the best of my knowledge and subject to verification by Meth-Wick.
 - b. A material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or, if employed, termination by Meth-Wick.
 - c. Although management makes every effort to accommodate individual preferences, business needs at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
2. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Meth-Wick and myself for either employment or the providing of any benefit. No promises regarding continued employment have been made to me, and I understand that no such promise or guarantee is binding upon Meth-Wick unless made in writing.

Applicant Signature

Date

The Meth-Wick Community
1224 13th St. NW
Cedar Rapids, IA 52405
Telephone: 319-363-2402 ext. 623 or 647
Fax: 319-364-7243

I hereby authorize the addressed individual, company or organization to furnish The Meth-Wick Community with any relevant information they may require to arrive at an employment decision, and do hereby release the addressed individual, company, or organization and all individuals connected therewith, including Meth-Wick, from all liability for any damage whatsoever incurred in furnishing such information.

Applicant Signature

Date

Applicant Printed Name

The Meth-Wick Community, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, sexual orientation, veteran status or disability unrelated to the ability to perform essential job requirements. No question on this application is intended to secure information to be used for such discrimination.

This application will receive active consideration for thirty days.