

# Waubonsie Mental Health Center

## Employment Application

216 West Division St.  
Clarinda, Iowa 51632  
Ph: 712-542-2388 • 800-432-1143  
Fax: 712-542-2984

Full Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Address: \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_  
City, State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you object to inquiry of past/present employer? Yes \_\_\_ No \_\_\_ If you answered yes, Please explain:  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

POSITION(S) DESIRED:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Hours you are able to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ #hours preferred/week \_\_\_\_\_

PROFESSIONAL LICENSES/CERTIFICATES:  
Type: \_\_\_\_\_ Issued: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Type: \_\_\_\_\_ Issued: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Chauffeur's License: \_\_\_\_\_  
Has your license ever been restricted by a licensing Board or agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If you answered Yes please explain:* \_\_\_\_\_  
Have you ever been disciplined by, or is there disciplinary action currently pending against you, with any professional licensing Board or agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If you answered Yes please explain:* \_\_\_\_\_

INSTITUTION: (Name, City, State)	COURSE or MAJOR	CERTIFICATE or DEGREE	DATE
High School (Indicate if you have a GED)			
Post High School			

Have you ever been adjudicated as having committed child or dependent adult abuse or do you have a record of founded child or dependent adult abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
Have you ever committed a violation of fraud or been found criminally guilty of fraud or civilly liable for fraud? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

*Answering yes to these questions will not be an automatic bar to employment; we will consider the nature of the charge and their relationship to your employment and the dates involved. Your responses will be treated as confidential and will not be disclosed unless required by court order or state or federal law.*

**AN EQUAL OPPORTUNITY EMPLOYER**

Pursuant to Iowa law, your responses to the following questions with respect to drug or alcohol test results are confidential communications and shall not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except as provided in Section 730.5(13), Code of Iowa, 2005.

In connection with any prior employment, have you ever been asked to submit to drug testing or alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

If your answer to the previous question was yes, were you provided with the results of such testing? Yes \_\_\_\_\_ No \_\_\_\_\_ What were the test results? \_\_\_\_\_

If your answers to the previous questions were yes, please detail and explain any action taken by you or by your employer as a result of the drug or alcohol test results. \_\_\_\_\_

As a condition of consideration of this application for employment, Waubonsie Mental Health Center, Inc. may request that you submit to a test of your breath, blood, urine or oral fluid to test for the presence of alcohol or other drugs, or their metabolites. If so, Waubonsie Mental Health Center, Inc. will request that you consent to release the test results to Waubonsie Mental Health Center, Inc. in connection with consideration of your application. Will you voluntarily submit to drug and alcohol testing for this purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you consent to release of the drug and alcohol testing results to Waubonsie Mental Health Center, Inc. for consideration in connection with your application for employment? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST ALL EMPLOYMENT FOR THE PAST TEN (10) YEARS, BEGINNING WITH THE MOST RECENT**

Employer	Address/Phone	From: (mo/yr)	To: (mo/yr)	Salary
Job Title	Supervisor's Name	Reason for Leaving (Quit, Discharged, Laid Off)		

Major Job Duties

Employer	Address/Phone	From: (mo/yr)	To: (mo/yr)	Salary
Job Title	Supervisor's Name	Reason for Leaving (Quit, Discharged, Laid Off)		

Major Job Duties

Please use a separate sheet to list additional employers.

List any other applicable information, skills, special training, or experience:

**EMPLOYMENT REFERENCES (Give Name, Occupation, Address & Phone):**

1.		
2.		
3.		

*Under 57.12 of the IAC, CH 57, this is to inform you of the possibility of the performance of a record check in this state and other states regarding any possible criminal, child abuse and/or dependent abuse records.*

*I understand that by signing this application, I have given permission for the above referred to check for any possible criminal, child abuse and/or dependent abuse records.*

*The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omissions of pertinent information on this application shall be considered sufficient cause for dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_