**Attachment A**

**CHILD ABUSE PREVENTION SERVICES**

# EMPLOYMENT APPLICATION

306 S 17th Ave

Marshalltown, IA 50158

641-752-1730

www.capsonline.us

**Personal Data**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Full Middle Name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street City State Zip

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Cell Work \_\_\_\_\_\_\_\_\_\_\_\_

List all other Names, (i.e., Maiden) known by during the last 7 years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other cities, counties, states and zip codes you have resided or were employed during the last 7 years:

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

avHaHave you ever been convicted of a crime, or received deferred judgment in this state or any other state, including (but not limited to) operating a motor vehicle while under the influence (OWI)? Yes No

Do you have permanent U.S. work authorization (U.S. citizen or green card)?\* Yes No

Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per hour/year

Date Available for Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Dates** | **Attended** |  |  |  |  |
|  | **Name, City and State of School** | **From Mo/Yr** | **To**  **Mo/Yr** | **Degree/Diploma Obtained** | **Major** | **Minor** | **Cumulative GPA** |
| **High School** |  | N/A | N/A |  | N/A | N/A |  |
| **College, Technical, or Business** |  |  |  |  |  |  |  |
| **Graduate School** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you presently enrolled in school? Yes No | If yes, where? | Day School  Night School |

**Computer Experience**

Indicate your relative level of computer expertise: Don’t use Beginning Proficient Advanced

List software applications in which you are proficient:

\*Applicants will be expected to provide evidence/proof of eligibility for U.S. employment.

**Employment:** (Start with most recent employer and work backward. This section may not be substituted by a resume.)

**Employer 1**

|  |  |
| --- | --- |
| Dates of Employment: | From To |
| Name of Company: |  |
| Street: |  |
| City/State/Zip: |  |
| Telephone: |  |
| Position(s) You Held: |  |
| Supervisor’s Name and Title: |  |
| Reason(s) for Leaving: |  |
| Describe Your Responsibilities: |  |
| May we contact this employer? | Yes  No If No, why not? |

**Employer 2**

|  |  |
| --- | --- |
| Dates of Employment: | From To |
| Name of Company: |  |
| Street: |  |
| City/State/Zip: |  |
| Telephone: |  |
| Position(s) You Held: |  |
| Supervisor’s Name and Title: |  |
| Reason(s) for Leaving: |  |
| Describe Your Responsibilities: |  |
| May we contact this employer? | Yes  No If No, why not? |

**Employer 3**

|  |  |
| --- | --- |
| Dates of Employment: | From To |
| Name of Company: |  |
| Street: |  |
| City/State/Zip: |  |
| Telephone: |  |
| Position(s) You Held: |  |
| Supervisor’s Name and Title: |  |
| Reason(s) for Leaving: |  |
| Describe Your Responsibilities: |  |
| May we contact this employer? | Yes No If No, why not? |

**Other Accomplishments**

Please list below any other job related accomplishments, professional distinctions, certifications, languages spoken other than English or verifiable volunteer work that Child Abuse Prevention Services should know about.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** (Provide three business/school references only. List those individuals who were in a position to observe your performance. Do not list relatives or personal acquaintances.)

**Reference 1**

|  |  |
| --- | --- |
| Name and Title |  |
| Company / School: |  |
| Street: |  |
| City, State, Zip: |  |
| Telephone: | Home  Cell  Work |
| Email: |  |

**Reference 2**

|  |  |
| --- | --- |
| Name and Title |  |
| Company / School: |  |
| Street: |  |
| City, State, Zip: |  |
| Telephone: | Home  Cell  Work |
| Email: |  |

**Reference 3**

|  |  |
| --- | --- |
| Name and Title |  |
| Company / School: |  |
| Street: |  |
| City, State, Zip: |  |
| Telephone: | Home  Cell  Work |
| Email: |  |

**Affirmation:** (Please read carefully before signing.)

**THIS APPLICATION REMAINS ACTIVE FOR A PERIOD NOT TO EXCEED 12 MONTHS.**

I hereby affirm that all of my answers made in this application are true and correct. I understand that criminal history background checks and civil child abuse registry checks will be conducted on prospective candidates and I understand while I may be offered a position, final hire is contingent upon the results of these background checks. I understand that Child Abuse Prevention Services is an at-will employer and that my employment may be terminated at any time for any reason without previous notice.

The use of this application form does not indicate that there are any positions available, and in no way obligates Child Abuse Prevention Services.

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

**THANK YOU! Please submit this application to: Child Abuse Prevention Services, 306 S 17th Ave, Marshalltown, IA 50158**

**or scan and email this application to** [**caps@capsonline.us**](mailto:caps@capsonline.us)

Child Abuse Prevention Services is an Equal Opportunity Employer.

Applicants will be considered for the job opening applied for without regard to race, color, creed, national origin, sex,

sexual orientation, gender identity, age, religion, political belief, physical or mental disability or veteran status.

Rev. 3-1-17