

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:	

Reference 2

Name and Title	
Company / School:	
Street:	
City, State, Zip:	
Telephone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:	

Reference 3

Name and Title	
Company / School:	
Street:	
City, State, Zip:	
Telephone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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

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.