



1211 E. 18th St. P. O. Box 887 Carroll, Iowa 51401 712-792-5500

Dear Potential Applicant:

Thank You for your interest in a possible job with New Hope. Our employees are one of our greatest assets. We at New Hope value and respect the people we serve and the employees. We look for the following qualities in the people we hire:

- Can You Work Well With People?
- Can You Make Good Decisions?
- Can You Respect Others?
- Are You Responsible?
- Can You Follow Fair And Sensible Rules?
- Are You Honest?
- Can You Be To Work On Time And As Scheduled?

If you can answer yes to these questions, please return the completed application to us. You may have the qualities we are looking for. If we have a position for you, we will provide the training you need.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda Mart".

Rhonda Mart

Executive Director



1211 E. 18<sup>th</sup> Street Carroll, IA (712)794-0900

### APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, creed, marital, or veteran status or disability.

NAME (Last, First, and Middle Initial) \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS (Street, City, State, Zip Code) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OTHER NUMBER \_\_\_\_\_

POSITION(S) APPLYING FOR \_\_\_\_\_

ON WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

ARE YOU AVAILABLE TO WORK  
(Check all times available)

Days  
 Other

Evenings

Overnights

ARE YOU AVAILABLE TO WORK

Full-time

Part-time

Substitute

Temporary

ARE YOU ON A LAYOFF AND SUBJECT TO RECALL?

No

Yes

HAVE YOU BEEN EMPLOYED BY NEW HOPE BEFORE?

No

Yes-give dates \_\_\_\_\_

HAVE YOU FILED AN APPLICATION WITH NEW HOPE BEFORE?

No

Yes-date \_\_\_\_\_

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE OR HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A SIMPLE MISDEMEANOR OFFENSE RELATING TO MOTOR VEHICLE AND LAWS OF THE ROAD UNDER IOWA CODE CHAPTER 321 OR EQUIVALENT PROVISIONS, IN THIS STATE OR ANY STATE?

No  Yes

If yes, explain and give dates. \_\_\_\_\_

A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merit with respect to time, circumstances, seriousness, rehabilitation factors, and the essential requirements of the job for which you have applied. If you have been convicted of abuse or a crime, the Department of Human Services will perform an evaluation to determine whether the conviction warrants prohibition of employment.

THE DEPARTMENT OF INSPECTION AND APPEALS REQUIRES ALL NEW HOPE EMPLOYEES TO UNDERGO A PHYSICAL-IAC [481] 63.9 (3) a. Given the department's requirements for physical examinations, please state whether you would undergo such a physical examination.  No  Yes

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?  No  Yes (Proof of U.S. citizenship or immigration status will be required upon employment.)

**EMPLOYMENT EXPERIENCE:** List all of your employers for the past ten (10) years, starting with the most recent. Include military service assignments and volunteer activities. **Complete page 3 of the employment application, if necessary.** Exclude organization names which indicate race, color, religion, sex or natural origin. Please complete this section even if you include a resume.

<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	
<b>Employer:</b>	Phone:	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for Leaving:		Final Salary/Wages:	

EXPLAIN ANY GAPS IN EMPLOYMENT AND LIST ALL JOBS HELD IN THE HEALTH CARE FIELD THAT ARE NOT LISTED ABOVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED FOR PHYSICAL, VERBAL, SEXUAL OR PSYCHOLOGICAL ACTS OR ABUSE AGAINST AN EMPLOYEE OR CLIENT IN YOUR CURRENT OR ANY PAST EMPLOYMENT? \_\_\_\_\_ No \_\_\_\_\_ Yes. IF YES, EXPLAIN AND GIVE DATES.

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	NAME AND LOCATION	NO. YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR
COLLEGE					
HIGH					
ELEMENTARY					
OTHER					

LIST ANY PROFESSIONAL LICENSE, CERTIFICATIONS, TRAINING, SKILLS, ETC. (i.e. operation of office equipment, sign language, nurse aide certification) \_\_\_\_\_

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Are there any other pertinent facts that you would voluntarily like to present to us, (such as additional work experience, accomplishments, etc.) which, in your opinion, may help us to evaluate your qualifications for the job you are seeking? If so, please list these facts in the space provided below. Please remember that we are an Equal Employment Opportunity Employer and are not interested in receiving comments which may be construed to be discriminatory in nature.

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Due to the physical requirements of some jobs, applicants will be required to undergo employment entrance examinations after offers of employment have been made. Employment may be conditioned on the results of the examinations. In addition, all applicants must pass pre-employment drug tests.

In addition, New Hope employees may be required to submit to a drug and alcohol test under any of the following circumstances: reasonable suspicion, post-accident and rehabilitation. Employees employed in safety-sensitive positions will also be subject to random drug and/or alcohol testing. Testing will be conducted for the following drugs: marijuana, cocaine, opiates, phencyclidine, and amphetamines.

In addition, New Hope is required by law to conduct child and dependent adult abuse and criminal history record checks on applicants prior to employment and inform applicants of these checks. Your signature below indicates you have been informed of these checks.

If I fail to complete the required physical and entrance examination by the specified time or if the doctor finds I am incapable of performing the essential functions of the job for which I am hired, this will be sufficient cause for cancellation of this application and /or separation from employment with New Hope if I have started working.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Furthermore, if hired, I understand that just as I am free to resign my employment with New Hope, New Hope reserves the right to terminate my employment. I understand that no representative of New Hope has the authority to make any assurance to the contrary. New Hope has the prerogative to assign an employee to different shifts, different job duties, or different areas if the need should arise.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

REFERENCE CHECK:

In accordance with federal regulations, New Hope is required to check references with special emphasis on verifying that applicants have no history of child or dependent adult abuse. Please sign the statement at the bottom of this page authorizing New Hope to contact your present and former employers.

May we contact your present employer(s) now?       Yes       No. If no, please list the present employer(s) you do not wish us to contact now.

Employer(s) \_\_\_\_\_

Reason(s) \_\_\_\_\_

If you are hired by New Hope, a reference may be sent to your current employer.

Having made application for employment with New Hope and desiring them to be informed as to my previous record and character, I hereby authorize them to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and persons whomever from any damage because of furnishing said information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## NEW HOPE

New Hope offers equal opportunity for employment, advancement and continuation of employment to qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity, age, creed, national origin, marital status, veteran status or disability.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily provide us with the following information. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individuals.

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

√ **CHECK ONE OF THE FOLLOWING (RACE/ETHNIC GROUP);**

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ White (Not Hispanic or Latino)
- \_\_\_\_\_ Black or African American (Not Hispanic or Latino)
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
(Not Hispanic or Latino)
- \_\_\_\_\_ Asian (Not Hispanic or Latino)
- \_\_\_\_\_ American Indian or Alaska Native  
(Not Hispanic or Latino)
- \_\_\_\_\_ Two or More Races (Not Hispanic or Latino) – all persons  
who identify with more than one of the above **five** races.

√ **CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**

- \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran
- \_\_\_\_\_ Person With Disability (Please briefly describe disability in space provided).

√ **CHECK ONE OF THE FOLLOWING REFERRAL SOURCES:**

- \_\_\_\_\_ Newspaper Advertisement – which newspaper? \_\_\_\_\_
- \_\_\_\_\_ Walk-In
- \_\_\_\_\_ Workforce Development Center
- \_\_\_\_\_ Friend (If employee of New Hope, please check next line)
- \_\_\_\_\_ Employee of New Hope
- \_\_\_\_\_ Relative of Client
- \_\_\_\_\_ Radio Advertisement
- \_\_\_\_\_ Poster – where is the poster located? \_\_\_\_\_
- \_\_\_\_\_ Recruitment Card
- \_\_\_\_\_ Other – please specify \_\_\_\_\_
- \_\_\_\_\_ Sack Stuffer – Bargain Shoppe