



# EMPLOYMENT APPLICATION

Eyerly Ball CMHS is an Equal Opportunity Employer. Federal & State law prohibit discrimination on the basis of race, color, religion, gender identity, age, disability, sexual orientation, national origin, genetic information, ancestry, marital status or service in the military. No questions on this application are intended to secure information to be used for such discrimination.

**Today's Date:**  
\_\_\_\_\_

**Please print legibly and use handwritten signatures ONLY. We do not accept digital signatures.**

Full Legal Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message #: \_\_\_\_\_ Business #: \_\_\_\_\_

Are you legally eligible to work in the U.S.A. \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever lived or worked outside of Iowa? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach residential addresses)

Branch of Armed Forces: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Are you related to or know a current employee at Eyerly Ball? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_ Relationship to current employee? \_\_\_\_\_

**These 2 questions do not automatically bar you from employment:**

- Do you have a record of founded child or dependent adult abuse? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of a crime, including a misdemeanor, or received a deferred judgment in this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

**Position Desired in Order of Preference:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

How did you learn about the position(s)? \_\_\_\_\_

**Type of Employment Desired:**

Full-Time or Part-Time? \_\_\_\_\_ If part-time, hours per week desired? \_\_\_\_\_

Temporary or On-Call? \_\_\_\_\_ Days and hours available: \_\_\_\_\_

Starting salary expected: \_\_\_\_\_ Preferred starting date: \_\_\_\_\_

Special training or skills: (languages, computer skills, typing speed, training, professional associations, etc.)

NAME, CITY AND STATE OF SCHOOL	Type of Diploma or Degree Awarded
High School	
Community College	
College/University	
Other Education/Training	

License/Certification Held	License Number	Expiration Date:

**THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME:** List all previous employers, starting with your present or most recent position below. You may include any volunteer, intern or summer work experience.

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name/Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name/Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Supervisor's Name/Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No May we contact past employers? \_\_\_\_ Yes \_\_\_\_ No

**List references, other than former employers or relatives:**

Name Address Occupation Telephone

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

**Read Carefully Before Signing:** I certify the statements made above are true and I realize that falsification of information on this form, or any part of the interview process may be grounds for disqualification of my application or dismissal from employment.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Thank you for completing this application for employment. You may be assured that our review of your job qualifications will be based solely on merit and a final determination will be reached as soon as possible.

## Statement of Understanding



**PLEASE READ AND INITIAL EACH PARAGRAPH BELOW BY HAND.** If there is any part of this you do not understand, please ask the interviewer about it before signing.

### **Investigation & Reference Check Consent to Release Information**

\_\_\_\_\_ I authorize Eyerly Ball CMHS to investigate any application information I have provided in order to verify its accuracy and elicit additional information as may be deemed necessary. By my signature below, I release prior employers, supervisors, personal references or other sources of information from all claims, liabilities or damages that may arise out of their supplying such information.

\_\_\_\_\_ I understand that, should this investigation prove unsatisfactory, or if in the judgment of the company, false information, misrepresentation or omissions are discovered, any offer of employment may be withdrawn or, if I have already been hired, my employment may be terminated immediately without any obligation or liability to me, other than payment for services actually rendered.

### **Criminal Record, Dependent Adult or Child Abuse Record**

\_\_\_\_\_ I understand that Eyerly Ball CMHS may conduct a criminal record check and dependent adult or child abuse record check on me. If a record is found, a thorough investigation and evaluation of the information will be made by the company and the Department of Human Services to determine whether employment is warranted. If it is determined that the records warrant prohibition of employment – employment shall be denied or terminated.

### **Education and Licensure Verification**

\_\_\_\_\_ I hereby grant permission to Eyerly Ball CMHS to request and receive high school/GED records, college transcripts or records of graduation from my previous schools. I also authorize the verification of any educational requirements or licensure that is pertinent to the job.

### **Job Application Records**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

### **Physical Screening**

\_\_\_\_\_ I understand that any offer of employment may be conditional upon passing a company physical examination and the determination that I am able to perform the essential functions of the job offered with or without reasonable accommodations, if necessary. I understand that failure to pass the physical may result in withdrawal of the employment offer.

### **Proof of Identity**

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

**Continued**

## Employment-At-Will

I understand that nothing contained in the application or conveyed to me during any interview is intended to create an employment contract, implied or explicit, between Eyerly Ball CMHS and me. I understand that an offer of employment does not constitute a contract for continued employment; employment with Eyerly Ball CMHS is at-will and as such can be terminated with or without cause, with or without notice, at any time, at the option of either the company or myself. I understand that only the Chief Executive Officer or his/her official designees have the authority to make an agreement for employment. I agree that any policies or procedures published or distributed by Eyerly Ball CMHS are for informational purposes only and are not intended to create any contractual rights. Such policies and procedures may be nullified or revoked by the company at any time, without prior notice.

## Driving Record

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Iowa driver's license and understand that I will be required to provide proof of personal auto liability insurance with a minimum coverage of **\$100,000/\$300,000 bodily injury and property damage** on the vehicles I drive for work. I also understand that any offer of employment may be contingent upon verification of a satisfactory driving record and approval of the company's insurance carrier. Only final candidates for hire will be subject to the driving record check.

**My signature below certifies that I have read and understand the contents of this form, and agree to the terms and conditions outlined in this document.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**All employees of Eyerly Ball may be required to drive on behalf of the organization at any time. Please provide the information below.**

I am applying for a position that requires that I drive an agency owned vehicle or my own vehicle. I understand that any offer of employment and continued employment may be contingent upon verification of a satisfactory driving record and approval by the agency's insurance carrier.

I hereby grant permission to Eyerly Ball CMHS to verify my driving record and to share that information with the agency's insurance representatives, initially upon hire and as needed.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number / State Issued

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## EMPLOYMENT REFERENCE CHECK

### CONSENT TO RELEASE INFORMATION

*I hereby authorize my present and former supervisor or employer to disclose to Eyerly Ball CMHS any and all information with respect to my present or former employment for the purpose of pre-employment consideration. A photocopy of this authorization shall be considered as effective and valid as the original. I authorize all references, professional and personal, to release the information requested to Eyerly Ball CMHS.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please list your references in order with your most recent first. Additional comments may be added on the back of this form.

Employer: _____ Address: _____ _____	Name: _____ Title: _____ <b>Phone #:</b> _____
Employer: _____ Address: _____ _____	Name: _____ Title: _____ <b>Phone #:</b> _____
Employer: _____ Address: _____ _____	Name: _____ Title: _____ <b>Phone #:</b> _____

Iowa Department of Human Services

**Authorization for Release of Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

**APPLICANT: Complete the boxes directly below. Please print legibly.**

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				

**LEGAL PROVISIONS FOR HANDLING  
CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

**Redissemination of Child and Dependent Adult Abuse Information  
(Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

**Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

**I have read and understand the legal provisions for obtaining child and dependent adult abuse information that are printed on this page. I consent to release child and dependent adult information to Eyerly Ball CMHS.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK  
Form C**

TO: Iowa Division of Criminal Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
Phone: 515-281-5138  
Fax: 515-242-6876

FROM: **Eyerly Ball CMHS**  
**945 19<sup>th</sup> Street**  
**Des Moines, IA 50314**  
**Phone: 515-241-0982**  
**HR Fax: 515-333-4862**

**APPLICANT: Complete two boxes directly below.**

I am requesting an Iowa Criminal History Check on:

<b>Print legibly</b>			
<b>REQUEST</b>			
_____ Current Last Name (Mandatory)	_____ Previous Last Name(s) (Mandatory)	_____ First Name (Mandatory)	_____ Middle Name (Mandatory)
____/____/_____ Date of Birth (Mandatory)	_____ Sex (Mandatory)	_____ Social Security Number (Mandatory)	

**WAIVER**

*I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DISCLOSURE OF BACKGROUND CHECK TO BE CONDUCTED ON YOU**

In connection with your application and/or employment with Eyerly Ball CMHS (“Employer”) this notice is provided to inform you that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report(s) may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Crimcheck.com, Inc. 17295 Foltz Industrial Parkway, Suite B, Strongsville, OH 44149 [1-877-992-4325].

**ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK**

By signing below, I authorize Eyerly Ball CMHS to obtain “consumer reports” and/or “investigative consumer reports” about me at any time after receipt of this authorization and during the course of my employment, to the extent permitted by law.

**Minnesota applicants or employees only:** You have the right, upon written request to Crimcheck.com, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Crimcheck.com, Inc. must make this disclosure within five days of receipt of your request or of Employer’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by Employer.

**Massachusetts and New Jersey applicants or employees only:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency, Crimcheck.com, Inc., directly.

**Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by Employer.

**New York applicants or employees only:** Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Crimcheck.com, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this Authorization.

**Washington State applicants or employees only:** You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

NAME & ADDRESS OF SCHOOL	Type of Diploma or Degree	Date Awarded	Name (last, first, middle) on Diploma or Degree
High School			
Community College			
College/University			
Other Education/Training			

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

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