

415 Deer View Ave.
Tiffin, IA 52340
(319) 545-4033



.....
Today's Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT DESIRED

Position Applying for: _____

Date you can start work: _____ Are you currently employed? _____

If so, may we contact your present employer or supervisor? _____

What prompted you to apply here? Advertisement Own accord Referred
 Employee referral who: _____

<i>Exclusive Prospect Questions</i>	
Have you ever been convicted of a crime or felony?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Have you been convicted of child/adult dependent abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you object to being fingerprinted?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you 16 years of age or older?	<input type="checkbox"/> No <input type="checkbox"/> Yes

School	Name & Location	# of years attended	Course of Study	Did you Graduate?
High School				
College				
Other				

Are you planning to further your education: No Yes When? _____

You will be required to complete the following state mandated trainings. Please mark courses you have completed.

_____ CPR _____ First Aid _____ Universal Precautions _____ Mandatory Reporter

*You will need to provide copies of training certificates or trainings will be required to be repeated

WORK EXPERIENCE (List below your last three employers, starting with the most recent)

Date (month & year)	Name & Phone Number of Employer and Supervisor	Starting Wage	Ending Wage	Position Held	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES

Give the names of three persons not related to you, whom you have known for at least one year.

Name	Phone	Years acquainted

Little Clippers is open Monday through Friday, 6:30 AM-6:00 PM. Employees' schedules are determined by the Director and the needs of the center. Schedules may vary.

**Please indicate availability for part time employment*

Mon.	Tues.	Weds.	Thur.	Fri.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Date _____ Signature _____