

809 Buck St. Suite B  
Tiffin, IA 52340  
(319) 545-4033



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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: \_\_\_\_\_

#### *Exclusive Prospect Questions*

Have you ever been convicted of a crime or felony? ☐ No ☐ Yes: \_\_\_\_\_

Have you been convicted of child/adult dependent abuse? ☐ No ☐ Yes

Do you object to being fingerprinted? ☐ No ☐ Yes

Are you 16 years of age or older? ☐ No ☐ 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 \_\_\_\_\_