

Opportunity Homes, Inc.

606 Iowa Avenue, Decorah, IA 52101 // Phone: (563)382-8140 * Fax: (563)382-5049

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Applicants need to have a high school diploma, GED, or equivalent and a valid driver’s license.

(PLEASE PRINT)

PERSONAL INFORMATION

Name: _____

Address: _____
(Number/Street/City/State/Zip)

Telephone #: (_____) - _____ Best time to Call: _____

Email: _____

Referred by: Walk-in _____ Ad _____ School _____ Iowa Workforce Development: _____

Other _____ *Employee _____
(*name of employee who referred you)

Date available to work: _____ Position applying for: _____ SKILLS TRAINER

Are you available to work: ___ Full-time (Please indicate: Afternoon/Evenings, Overnight)
(Check all that apply) ___ Part-time (How many hours per week are you available to work? _____)
___ Temporary (Dates available: ____/____/____ to ____/____/____)

Are you currently on lay-off status and subject to recall? ___ Yes ___ No

Have you ever filed an application with us before? ___ Yes ___ No

If yes, when? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
(Proof of citizenship or immigration status will be required upon employment) ___ Yes ___ No

Have you been convicted of a felony with the last 7 years? (No applicant will be denied employment solely on the grounds of a conviction or pending criminal charge. The nature of the offense, the date, the surrounding circumstances, and relevance to the position applied for will be considered.)
___ Yes ___ No

If yes, please explain: _____

Have you been convicted of Medicaid fraud? ___ Yes ___ No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of crime in this state or any other state? ___ Yes ___ No

EMPLOYMENT REFERENCES

*Note: Providing accurate fax numbers will expedite the reference check process.

EMPLOYER #1: (Current/most recent)	From:	To:
Supervisor's Name:	May we contact? ____ Yes ____ No	
Employer's Address:	Phone:	Fax:
Position:	Starting Wage:	Final Wage:
Reason for Leaving:		
Duties:		

EMPLOYER #2: (previous)	From:	To:
Supervisor's Name:	May we contact? ____ Yes ____ No	
Employer's Address:	Phone:	Fax:
Position:	Starting Wage:	Final Wage:
Reason for Leaving:		
Duties:		

EMPLOYER #3: (previous)	From:	To:
Supervisor's Name:	May we contact? ____ Yes ____ No	
Employer's Address:	Phone:	Fax:
Position:	Starting Wage:	Final Wage:
Reason for Leaving:		
Duties:		

PERSONAL REFERENCES

PERSONAL REFERENCE #1:		Address:	
Phone #:	Relationship:	Years Known:	

PERSONAL REFERENCE #2:		Address:	
Phone #:	Relationship:	Years Known:	

PERSONAL REFERENCE #3:		Address:	
Phone #:	Relationship:	Years Known:	

EDUCATION

SCHOOL	LOCATION	COURSE of STUDY	# of YEARS	GRADUATED?
				___ Yes ___ No
				___ Yes ___ No

OTHER EXPERIENCE

Please describe other life experiences which may pertain to the position for which you are applying (i.e. volunteer work, other training, special skills, etc.)

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Opportunity Homes, Inc. to contact my current and/or former employers, educational institutions I have attended, or other persons with whom I have acquaintance.

I am aware that Opportunity Homes, Inc. will conduct a records check for criminal child and dependent adult abuse in this and other states.

Signature of Applicant

Date

Office of Inspector General Fraud Prevention & Detection
& System for Award Management

Opportunity Homes, Inc. is required by law to check the Office of Inspector General (OIG) program exclusion status and System for Award Management (SAM) of all individuals prior to entering into employment and monthly thereafter.

Please provide the following information:

Last Name

First Name

Middle Name

Maiden Name

Any Other Previous Names

Social Security #

Date of Birth

I acknowledge that Opportunity Homes, Inc. will conduct a program exclusion check prior to hire & monthly thereafter.

Signature of Applicant

Date

<http://oig.hhs.gov/fraud/exclusions.html> ; <https://www.sam.gov>

IOWA RECORD CHECK REQUEST

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138
(515) 242-6876 (fax)

ACCOUNT#: 8328-C
FROM: Opportunity Homes, Inc.
606 Iowa Avenue / PO Box 166
Decorah, IA 52101
PHONE: (563) 382-8140
FAX: (563) 382-5049

I am requesting an Iowa Criminal History check on:

REQUEST

Last Name (mandatory)

First Name (mandatory)

Middle Name (recommended)

Maiden Name (mandatory)

Any Other Previous Names (mandatory)

Date of Birth (mandatory)

Sex (mandatory)

Social Security # (mandatory)

Signature of Requestor

WAIVER

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

Signature of Applicant

Date

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606 Iowa Avenue, Decorah, IA 52101 // Phone: (563)382-8140 * Fax: (563)382-5049

REFERENCE REQUEST

Section below to be completed by APPLICANT:

I, _____, the applicant, do hereby authorize the release of information requested below to Opportunity Homes, Inc. and relieve any individual and/or company completing this form of all legal responsibilities.

Signature of applicant: _____ Date: ____/____/____

.....
Section below to be completed by OPPORTUNITY HOMES, INC.:

To: _____ Attn: _____ Fax: _____

_____, Social Security # ____-____-____, is presently applying with Opportunity Homes, Inc. for the position of SKILLS TRAINER. Opportunity Homes, Inc. provides residential and supportive services to persons with disabilities. Due to the vulnerability of the individuals we serve, we require employees who are dependable, consistent, and able to work as a part of a team. The information that you provide will be kept confidential. Thank you for your time and assistance.

Sincerely,

_____, HR Department Date: ____/____/____

.....
Section below to be completed by CURRENT/FORMER EMPLOYER:

Name of Business: _____ Supervisor: _____

Dates of Employment: _____ Position: _____

Salary: _____ Would you rehire? Yes ___ No ___

If not, why? _____

How would you rate the applicant on the following traits?

	Outstanding	Exceeds Standards	Meets Standards	Unsatisfactory
Attendance/Punctuality				
Adaptability				
Attitude Toward Work				
Written Communication				
Verbal Communication				
Dependability				
Initiative				
Common Sense				
Reaction To Discipline				
Quality Of Work				
Ability To Work w/ Others				

Comments: _____

May I contact you by phone if I have any other questions? Yes ___ No ___ Phone # _____

Signature _____ Title: _____ Date: ____/____/____

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