

Date hired _____
Position hired for _____
Full time _____ Part time _____

Handicare, Inc.
Application for Employment
Equal Opportunity Employer

Please print

Name _____
Last First Middle Init.

Present Address (Include Street, City, State & Zip Code) Home Phone

Permanent Address (if different than above) Phone

Personal Information

Position Preferred: _____ Full time _____ Permanent
_____ Part time _____ Temporary

If temporary, how long? _____

Date available for work _____

In case of emergency, notify:

Name Address Phone

If a non-citizen, do you have a VISA to work? _____ yes _____ no

List any pertinent education or experience that you may have for this position:

Resume attached? _____ yes _____ no

Employment References (if not listed on resume)

Company Name	Address	Phone	Dates employed
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Type of Business	Describe your duties
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Title held	Name of Supervisor	Reason for leaving
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May we contact for reference? _____ yes _____ no

Company Name	Address	Phone	Dates employed
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Type of Business	Describe your duties
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Title held	Name of Supervisor	Reason for leaving
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May we contact for reference? _____ yes _____ no

Company Name	Address	Phone	Dates employed
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Type of Business	Describe your duties
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Title held	Name of Supervisor	Reason for leaving
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May we contact for reference? _____ yes _____ no

I certify that the above statements are correct, and if employed, I understand that any false information in this application will be sufficient grounds for termination without any notice.

Applicant Signature

Date

We have full and part-time work schedules. I will review what you have requested and negotiate set hours with you. **These hours may be switched, decreased, increased or eliminated with a 24-hour notice under the will of employer or employee.**

Applicant Signature _____

What is the maximum number of hours that you want per week? _____

What is the minimum number of hours that you want per week? _____

The center is open 6:30 am until 6:30pm Monday through Friday. All of our full-time staff work 4 days a week, 10 hours per day, with a set day off each week.

What hours would be available to work each day?

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

EMPLOYEE RECORD INFORMATION

Name _____ Date of Birth _____

- ****This page needs to be completed per State of Iowa Daycare Regulations even if a resume has been attached. ****

Education

School	Grade completed/Degree

Work History/ Experience related to Early Childhood or Childcare

Employer	Period of Employment	Job Responsibilities

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- **It is the fundamental policy of Handicare, Inc. to provide equal opportunities regardless of race, creed, color, sex, religion, national or ethnic origin, age, handicapped status, in all educational, employment and contracting activities. The agency is committed to a policy of affirmative action in the recruitment of students & volunteers and in the hiring of employees.**

c. Mandatory Reporting of Child Abuse

Staff are required by State Law to report any probable cases of physical, sexual or emotional abuse or neglect to the Department of Human Services. If we fail to report any suspected cases, our daycare license can be revoked and individuals could be charged with a misdemeanor or a felony for aiding or supporting the abuse.

Handicare’s policy on staff training for Mandatory Reporting of Child Abuse is as follows:

1. Handicare’s staff must participate in two hours of mandatory training within the first six months of employment to comply with the State Law. You are required to attend these workshops at least every five years to update your knowledge.
2. The course may be given in-house or attended elsewhere, but it must include a certificate to document the training.
3. Brochures & fliers on upcoming workshops will be posted with the option for all staff to attend.
4. There will be quarterly staff training sessions during our regular staff meetings that will include information shared at workshops or by outside sources for staff development.

Handicare’s policy concerning suspected child abuse on any child is as follows:

1. Mandatory reporting is required within 24 hours of noticing a mark or injury, especially if a child is in danger of a repeat incident.
2. If you have concerns about a mark on a child, you should:
 - a. Ask the child how he/she got the mark.
 - b. Ask the parent to explain the mark.
 - c. If the child’s and parent’s stories do not match or seem inconsistent, talk to Handicare’s director who will help you make a report to the Department of Human Services for an investigation.
3. If you have concerns about a child’s or parent’s behavior or comments, please discuss these with the director to determine if a report needs to be made.

I, _____, have read the program policy regarding mandatory reporting of child abuse and neglect.

Applicant Signature

Date

Security Check Usage

Handicare performs a Security Check on all of its new employees according to the State of Iowa Daycare Regulation Code #235a.

This criminal record check will be kept in the employee's personnel file until the time of termination. Any confidential information returned will be kept in a sealed envelope within the employee's file.

As of July 1st, 2003, the State Department of Human Services must apply Iowa Code restrictions for specific criminal acts as they apply to childcare workers. Please read the following carefully as it could affect your ability to be employed at Handicare.

Effective July 1st, 2003, the existence of any of the following in a person's record is considered a transgression:

1. Conviction of a crime.
2. A record of having committed founded child or dependent abuse.
3. Listing in the sex offender registry established under Iowa Code Chapter 692 A.
4. A record of having committed a public or civil offense.
5. Revocation or denial of a childcare facility registration or license due to the person's continued or repeated failure to operate the childcare facility in compliance with licensing and registration laws and rules.

The transgressions that result in a mandatory prohibition from involvement with childcare, or a mandatory time-limited prohibition from involvement with childcare for five years from the date of conviction or founded abuse are defined in law and are as follows:

A. Mandatory Prohibition. People with the following convictions or founded abuse reports cannot work in childcare settings.

1. Founded child or dependant abuse that was determined to be sexual abuse.
2. Placement on the sex offender registry.
3. Felony child endangerment or neglect or abandonment of a dependent person.
4. Felony domestic abuse.
5. Felony crime against a child including but not limited to sexual exploitation of a minor.
6. Forcible felony.

B. Mandatory time-limited prohibition. People with the following convictions or founded abuse reports are **prohibited from involvement with childcare for five years** from the date of the conviction or founded abuse report:

1. Conviction of a controlled substance offense under Iowa Code Chapter 124.
2. Founded child abuse that was determined to be physical abuse.

A record check evaluation to determine whether prohibition of the person's involvement with childcare is warranted **may occur for the** following transgressions:

1. A record of having committed a public or civil offense. Could include public intoxication, vandalism, stealing.
2. Revocation of a childcare facility registration or license due to a person's continued or repeated failure to operate the childcare facility in compliance with licensing and registration laws and rules.

EMPLOYEE STATEMENT

Name	Employment Date
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I (check one) **DO** **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **HAVE** **HAVE NOT** been informed of my responsibilities as a mandatory reporter of child abuse.

I (check one) **AM** **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

Signature	Date
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