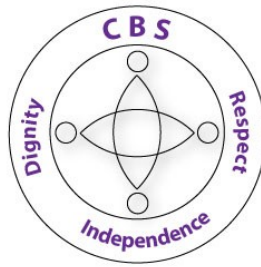


Community Based Services  
 403 3rd Street SE  
 Wavelry , IA 50677



Phone: 319-352-2990  
 Fax: 319-352-2979  
 www.cbsforyou.com

# APPLICATION FOR EMPLOYMENT

Last Name                      First                      Middle			Date:
Street Address			Home Telephone (    )
City, State, Zip			Business Telephone (    )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____ Location: _____			Social Security Number
Position Desired			Pay Expected?
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to start work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, please describe in full:			
Other special training or skills: <input type="checkbox"/> Typing (wpm) <input type="checkbox"/> First Aid <input type="checkbox"/> Job related training (please list) <input type="checkbox"/> Hoyer Lifting <input type="checkbox"/> Medical Management <input type="checkbox"/> CPR    Other: _____			
Are you interested in <input type="checkbox"/> Full-Time, <input type="checkbox"/> Part-Time Employment? Are you able to work rotating weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work <input type="checkbox"/> 1st shift (7am—3pm), <input type="checkbox"/> 2nd Shift (3pm—11pm), <input type="checkbox"/> 3rd Shift (11pm—7am)			
List the names of any relatives that work for CBS, or indicate NONE. How did you learn about the opening at CBS?			
In the last 10 years have you ever been discharged or suspended from any employment for disciplinary reasons or have you been asked to resign? If yes, give name of company and reason. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full:			

# EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# Years completed	Did you Graduate?	Degree or Diploma
College/Graduate					
Business/Trade/Tech					
High School					
Other					

# EMPLOYMENT

<b>1</b>	Company	Telephone (     )
	Address	Employed (month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	Your Job Title and Describe Your Work	Reason for Leaving  May we contact this person ___ Yes ___ No
<b>2</b>	Company	Telephone (     )
	Address	Employed (month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	Your Job Title and Describe Your Work	Reason for Leaving  May we contact this person ___ Yes ___ No
<b>3</b>	Company	Telephone (     )
	Address	Employed (month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	Your Job Title and Describe Your Work	Reason for Leaving  May we contact this person ___ Yes ___ No

# MILITARY

Did you serve in the US Armed Forces \_\_\_Yes \_\_\_No If Yes, what Branch?

Describe any training received relevant to the position for which you are applying:

# REFERENCES

NAME	ADDRESS	BUSINESS	PHONE
1			
2			
3			

# APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application

The information I have provided in this application for employment is true, correct, and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorized the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# APPLICANT'S SIGNATURE

Read carefully and initial each paragraph before signing.

By my signature and initials placed below, I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Community Based Services if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my application is pending, or during my period of employment, if hired.

\_\_\_\_\_Initials

I give permission for a complete post-offer assessment and physical examination, and I consent to the release to Community Based Services any and all medical information, as may be deemed necessary by Community Based Services in judging my capability to do the work for which I am applying.

\_\_\_\_\_Initials

I authorize the investigation of all statements contained in this application. I also authorize Community Based Services to contact my present employer, past employers and listed references.

\_\_\_\_\_Initials

I authorize any person, school, current employer and organization named in this application form to provide Community Based Services with relevant information and opinion that may be useful to Community Based Services in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME.

\_\_\_\_\_Initials

I understand also, that I am required to abide by and am bound by regulations, policies and procedures of the employer.

\_\_\_\_\_Initials

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

Signed: \_\_\_\_\_

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

# REQUIRED KNOWLEDGE, SKILLS & ABILITIES

## 1. Experience and Training

- A. One year experience working with persons with disabilities preferred
- B. Writing ability is required with preparation
- C. Ability to read and speak fluent English
- D. Leadership and communication skills
- E. Ability to work with people of varied levels of knowledge, communication, abilities, and perspective

## 2. Mental Aptitudes

- A. Ability to work under stress, maintaining efficiency when confronted with critical or unusual situations.
- B. Excellent organizational and time management skills. Prioritizing and scheduling duties.
- C. Ability to demonstrate use of good, independent judgment in the completion of all duties.
- D. Ability to accept responsibility of the duties of Residential Specialist or Supported Community Living Specialist.
- E. Maintains a positive, professional demeanor when working
- F. Able to work independently and use initiative to achieve goals of the individual served.

## 3. Physical Ability and Skills

- A. Sitting: Approximately 2 to 3 hours during a shift of 8 hours
- B. Standing and walking: Approximately 1—3 hours/day, depending on the needs of the consumer
- C. Driving: Approximately 1-3 hours/day must be able to get a class D drivers license
- D. Lift, Carry, Push, Pull moderate deviation of Wrists, Knee, Ankle, Shoulder: Working with consumers in their home may require the ability to lift and carry objects of approximately 30—50 lbs.
- E. Climb/Balance: 1 hour/day. The ability to climb stairs is required.
- F. Stoop, Bend, Kneel, Crouch, Crawl: 1-3 hours/day may be required as needed.
- G. Reach, Handle, Finger, Feel: 1 hour/day. Good manual dexterity is required to perform this job. The individual needs to write information on paper and enter information into a computer when needed. The individual needs to be able to sort and handle documents.
- H. Talk, Hear: The individual is required to communicate effectively with consumers and other employees, supervisors, families, and other service professionals.
- I. See: The ability to see and interpret information is a requirement of this job. Sight is used constantly. The position requires reading and/or recognizing information, discussing this information with others, translating and paraphrasing this information for others, and documenting this information.

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Employee Signature

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Date