



"A More Personal Approach To Your Health"

[AN EQUAL OPPORTUNITY EMPLOYER]

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME

(Last) (First) (Middle)
ADDRESS

(Street) (City) (State) (Zip) (Telephone)
EMAIL SS# DATE

- ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No
- HAVE YOU EVER BEEN CONVICTED OF OR ENTERED A PLEA OF GUILTY TO A CRIME (OTHER THAN A MINOR TRAFFIC OFFENSE)? Yes No
- IF OFFERED A POSITION, I AUTHORIZE AN IOWA DEPARTMENT OF CRIMINAL INVESTIGATION CHILD & ADULT ABUSE AND CRIMINAL HISTORY CHECK. Yes No
- ARE YOU 18 YEARS OR OLDER? Yes No

IN CASE OF EMERGENCY NOTIFY

NAME TELEPHONE CELL PHONE

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE CONTACT EMPLOYER?

EVER APPLIED TO AGAPE THERAPY BEFORE? WHEN?

REFERRED BY

EDUCATION – For additional space, please use reverse.

Level of Schooling	Name/Location of School	# of Yrs Attended	Graduate? Degree?	Major/Subjects Studied
COLLEGE				
COLLEGE				
HIGH SCHOOL				
TRADE,BUSINESS,OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS/CERTIFICATIONS _____

ACTIVITIES--CIVIC, ATHLETIC, ETC. (EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

U.S. MILITARY OR

NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN

NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

DATE (MONTH/YR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

	NAME	EMAIL	PHONE	RELATIONSHIP	YEARS ACQUAINTED
1.					
2.					
3.					

"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. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

OFFICE USE ONLY:

 Date Contacted _____
 Interviewed _____ Date Hired _____
 Position _____

SIGNATURE _____