



New Choices, Inc.

Opportunity • Discovery • Growth

Application for Employment

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume;
all answers will be kept confidential.)

JOB POSITION APPLIED FOR _____ DATE OF APPLICATION _____

New Choices, Inc. Location in which you are applying employment:

- Clinton – 2320 N 2nd Street – Clinton IA 52732
 Muscatine – 2213 Grand Avenue – Muscatine IA 52761
 Louisa – 437 S 7th Street- Wapello IA 52653
 Bettendorf – 2501 18th Street – Bettendorf IA 52722

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST MIDDLE LAST	Telephone #
PRESENT ADDRESS	STREET CITY STATE ZIP	
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH NEW CHOICES, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE:		
HAVE YOU EVER WORKED FOR NEW CHOICES, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HOW WERE YOU REFERRED:		

GENERAL INFORMATION

ARE YOU OVER THE AGE OF 18 YEARS? YES NO IF UNDER 18 YEARS OF AGE, CAN YOU SUPPLY WORKING PAPERS? YES NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME/FELONY? YES NO

HAVE YOU EVER BEEN PLACED ON OFFICE OF INSPECTOR GENERAL (OIG) REGISTRY? YES NO

HAVE YOU EVER HAD A FOUNDED DECISION OR NOTIFIED THAT YOU HAVE BEEN PLACED ON CHILD ABUSE, ADULT ABUSE OR SEX OFFENDER REGISTRY? YES NO

HAVE YOU HAD MORE THAN A TRAFFIC VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)

IF YES, PLEASE EXPLAIN:

Are you capable of lifting up to 50 pounds? () YES () NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO
IF YES, PLEASE EXPLAIN:

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME (35+ hours) and do not have restrictions on my hours and days. (Complete Section B.)

I am available and desire to work PART-TIME (If less than 31 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

Student Other Job Other (explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED

DATE AVAILABLE FOR WORK?

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with New Choices, Inc. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO
If Yes, please explain _____

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL/GED			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACHELORS DEGREE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment:

Please indicate any prior military service which you would like considered in connection with your application for employment:

Are you Bilingual? YES NO
 What other languages do you speak? _____

Do you know or understand sign language? YES NO
 If so, at what level?

Do you have experience in assisting persons with disabilities? YES NO
 If so, describe your experience. If your experience is employment related, please state name and address of employer.

BUSINESS REFERENCES

1	NAME	RELATIONSHIP
	PHONE NUMBER	EMAIL ADDRESS
2	NAME	RELATIONSHIP
	PHONE NUMBER	EMAIL ADDRESS

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO		
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO		
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO		
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP				\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO		

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of New Choices, Inc. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I have read and understand the DSP Job Description, and operation of a motor vehicle with a valid and driver's license is one of the requirements of the DSP Job Description , but if hired and I am under age 18, operation of a motor vehicle or serving as a helper in the operation of a motor vehicle is considered an exception to the job description for which I am making application for employment.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of New Choices, Inc., at any time can constitute an offer or contract of employment. I understand that New Choices, Inc. and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of New Choices, Inc., has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Director(s) or Human Resources, or to make any agreement contrary to the foregoing.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

Applicant – Do Not Write Below this Line

INTERVIEWED BY _____ **Date:** _____

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Location: _____

Date beginning Employment _____

Compensation \$ _____ per _____