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# APPLICATION FOR EMPLOYMENT

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## ORCHARD PLACE

Administrative Offices  
2116 Grand Ave, 2<sup>nd</sup> Floor  
Des Moines, Iowa 50312  
(515) 246-3508

Residential Campus  
925 SW Porter Avenue  
Des Moines, Iowa 50315  
(515) 285-6781

PACE Juvenile Center  
620 8<sup>th</sup> Street  
Des Moines, Iowa 50309  
(515) 697-5700

Child Guidance Center  
808 5<sup>th</sup> Avenue  
Des Moines, Iowa 50309  
(515) 244-2267

**To the Applicant:** We appreciate your interest in Orchard Place and assure you that we are interested in your qualifications. We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, gender, religion, national origin, age, marital status, veteran status, sexual orientation, gender-related identity, and/or disability.

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### PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_

Are you 18 years or older? Yes  No

Are you a U.S. Citizen? Yes  No

If you are not a U.S. Citizen, do you have the legal right to remain permanently in the United States? Yes  No

Do you intend to remain permanently in the United States? Yes  No

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_

Have you previously filed an application? Yes  No  If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

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### EMPLOYMENT DESIRED

Position(s) applied for: \_\_\_\_\_

Work status preferred: Full-time  Part-Time  Date available to start \_\_\_\_\_

If part-time, please specify hours and days desired: \_\_\_\_\_

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Other: \_\_\_\_\_

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Do you have any special training, skills, qualifications or other experiences that relate to the position(s)?

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Salary desired: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** *(List current or most recent job first)*

|                           |                   |                                |       |                       |
|---------------------------|-------------------|--------------------------------|-------|-----------------------|
| <b>1</b>                  | <b>Employer</b>   | Dates                          |       | <b>Work Performed</b> |
|                           |                   | From                           | To    |                       |
|                           | <b>Address</b>    |                                |       |                       |
|                           | <b>Job Title</b>  |                                |       |                       |
|                           | <b>Supervisor</b> | Hourly Rate/Salary<br>Starting | Final |                       |
| <b>Reason for Leaving</b> |                   |                                |       |                       |

|                           |                   |                                |       |                       |
|---------------------------|-------------------|--------------------------------|-------|-----------------------|
| <b>2</b>                  | <b>Employer</b>   | Dates                          |       | <b>Work Performed</b> |
|                           |                   | From                           | To    |                       |
|                           | <b>Address</b>    |                                |       |                       |
|                           | <b>Job Title</b>  |                                |       |                       |
|                           | <b>Supervisor</b> | Hourly Rate/Salary<br>Starting | Final |                       |
| <b>Reason for Leaving</b> |                   |                                |       |                       |

|                           |                   |                                |       |                       |
|---------------------------|-------------------|--------------------------------|-------|-----------------------|
| <b>3</b>                  | <b>Employer</b>   | Dates                          |       | <b>Work Performed</b> |
|                           |                   | From                           | To    |                       |
|                           | <b>Address</b>    |                                |       |                       |
|                           | <b>Job Title</b>  |                                |       |                       |
|                           | <b>Supervisor</b> | Hourly Rate/Salary<br>Starting | Final |                       |
| <b>Reason for Leaving</b> |                   |                                |       |                       |

|                           |                   |                                |       |                       |
|---------------------------|-------------------|--------------------------------|-------|-----------------------|
| <b>4</b>                  | <b>Employer</b>   | Dates                          |       | <b>Work Performed</b> |
|                           |                   | From                           | To    |                       |
|                           | <b>Address</b>    |                                |       |                       |
|                           | <b>Job Title</b>  |                                |       |                       |
|                           | <b>Supervisor</b> | Hourly Rate/Salary<br>Starting | Final |                       |
| <b>Reason for Leaving</b> |                   |                                |       |                       |

**Education**

|  | Name and Location | Years Completed | Diploma/Degree Received (i.e. BS/BA) | Courses of Study |
|--|-------------------|-----------------|--------------------------------------|------------------|
| Elementary                                 |                   |                 |                                      |                  |
| High School                                |                   |                 |                                      |                  |
| College                                    |                   |                 |                                      |                  |
| Graduate                                   |                   |                 |                                      |                  |
| Any other Education or Vocational Training |                   |                 |                                      |                  |

**PROFESSIONAL REFERENCES** – Please list past supervisor (work or volunteer experiences), professors, or other individuals who can assess professional abilities.

| Name | Address | Phone Number | Years Acquainted |
|------|---------|--------------|------------------|
| 1    |         |              |                  |
| 2    |         |              |                  |
| 3    |         |              |                  |

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State Militia? Yes  No

If yes, what branch? \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Are you in the reserves? Yes  No

If yes, date obligation ends \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you have a record of founded child abuse or dependent adult abuse? Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Have you ever been convicted of a crime in this state or any other state? Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_ State \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, gender, religion, national origin, age, marital status, veteran status, sexual orientation, gender-related identity, and/or disability.

Name, address of the person to be notified in the event of an accident or emergency: \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of such inquires and disclosures. I understand that any false information in support of my application may subject me to discharge at any time during the period of employment. I hereby authorize Orchard Place to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me, or the value of property or money entrusted to me by, or owed by me to Orchard Place during the course of my employment. I understand that these arrangement may only be altered in writing directed to me personally by the Executive Director. I further understand that my offer of employment is conditional until such time as the results of my pre-employment physical are known. If hired, I understand I will serve at the will of Orchard Place and I agree that I shall be bound by the rules, policies and regulations of Orchard Place as they are from time-to-time changed. I understand that either party may terminate the employment relationship at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR INTERVIEWERS USE**

Starting Salary \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_

Trial Shift \_\_\_\_\_ Date \_\_\_\_\_

Salary Calculations \_\_\_\_\_

DCI/Child Abuse Registry/PERS:720 Background Check Forms Completed Yes \_\_\_\_ No \_\_\_\_

**Applicant will send:**

1. Transcript \_\_\_\_\_
2. References \_\_\_\_\_
3. Resume \_\_\_\_\_

**Agency will request:**

1. Transcript (if hired) \_\_\_\_\_
2. References \_\_\_\_\_
3. Resume \_\_\_\_\_

HIRED: Yes \_\_\_\_ Starting Date \_\_\_\_\_ Department \_\_\_\_\_ Job Title \_\_\_\_\_

No \_\_\_\_ Comments \_\_\_\_\_