
APPLICATION FOR VOLUNTEER INTERNSHIP

ORCHARD PLACE

Administrative Offices
2116 Grand Avenue
Des Moines, Iowa 50312
(515) 246-3508

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

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

Child Guidance Center
808 5th 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.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Phone _____
(Number) (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: _____

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: _____

Other: _____

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

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

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

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

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

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

EDUCATION

	Name & Location	Years Completed	Diploma/Degree Received	Courses of Study
Elementary				
High School				
College				
Graduate				
Any other Education or Vocational				

Training				
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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:

Agency will request:

- 1. Transcript _____
- 2. References _____
- 3. Resume _____

- 1. Transcript (if hired) _____
- 2. References _____
- 3. Resume _____

HIRED: Yes ____ Starting Date _____ Department _____ Job Title _____

No ____ Comments _____

