



GENESIS DEVELOPMENT
APPLICATION FOR EMPLOYMENT

Genesis Development is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

DATE OF APPLICATION: _____

Which Genesis Location(s) are you available to work at?

- | | | | |
|--------------------------------|------------------------------------|----------------------------------|-------------------------------|
| <input type="radio"/> Adel | <input type="radio"/> Belle Plaine | <input type="radio"/> Boone | <input type="radio"/> Granger |
| <input type="radio"/> Grinnell | <input type="radio"/> Indianola | <input type="radio"/> Jefferson | <input type="radio"/> Panora |
| <input type="radio"/> Perry | <input type="radio"/> Pocahontas | <input type="radio"/> Storm Lake | <input type="radio"/> Toledo |
| <input type="radio"/> Waukee | <input type="radio"/> Winterset | <input type="radio"/> Woodward | |

For Office Use Only
Applicant ID
<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State) (Zip Code)

Contact Information: _____
(Telephone Number) (E-mail Address)

Position(s) Applied For: _____ Available Start Date: _____

Desired Pay Range: _____ Are you currently employed: _____
(Hourly or Salary)

Are you available for work? Full-Time Part-Time Temporary PRN

Can you work overtime if the job requires it? Yes No

Can you travel if the job requires it? Yes No

Have you ever filed an application here before: _____
(Date of application)

Have you ever been employed here before: _____

Dates	Location	Position Held

Where did you hear of this position: _____

Are you legally eligible for employment in the USA? Yes No

Are you 16 years old or older? Yes No **If Yes, Are you 18 or over?** Yes No

Do you have a valid Drivers' License? Yes No **State of Issue:** _____

Class of License _____ **Endorsements:** _____

Have you had any moving violations within the past 3 years? Yes No

If Yes, provide detail(s) and date(s): _____

Have you had any automobile accidents within the past 3 years? Yes No

If Yes, provide detail(s) and date(s): _____

EDUCATION

	Name and Location	Graduate? – Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc..			
Other Education			

Describe your areas of highest proficiency, specialized training, apprenticeships, skills and extracurricular activities:

Have you used a different name during your education? Yes No

If Yes, provide name and explain: _____

PREVIOUS WORK EXPERIENCE

(Please begin with your most recent employer)

Employer: _____

Dates Employed: _____

Employer Address: _____
(Street) (City/State) (Zip Code)

Position Held: _____

Supervisor: _____

Reason no longer employed: _____

Final/Current Salary: _____

May we contact this employer: Yes No

Duties: _____

Employer: _____

Dates Employed: _____

Employer Address: _____
(Street) (City/State) (Zip Code)

Position Held: _____

Supervisor: _____

Reason no longer employed: _____

Final/Current Salary: _____

May we contact this employer: Yes No

Duties: _____

Employer: _____

Dates Employed: _____

Employer Address: _____
(Street) (City/State) (Zip Code)

Position Held: _____

Supervisor: _____

Reason no longer employed: _____

Final/Current Salary: _____

May we contact this employer: Yes No

Duties: _____

Employer: _____

Dates Employed: _____

Employer Address: _____
(Street) (City/State) (Zip Code)

Position Held: _____

Supervisor: _____

Reason no longer employed: _____

Final/Current Salary: _____

May we contact this employer: Yes No

Duties: _____

Have you been employed under a different name? Yes No

If Yes, provide name and explain: _____

Please describe any breaks in employment longer than 6 months: _____

Skills and Qualifications:

(Summarize special skills and qualifications acquired from employment or other experiences)

Briefly explain why you want to work for Genesis and what you will bring to the position: _____

REFERENCES

Please list 2 Professional References including; name, mailing address and telephone number

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

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

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

Have the duties of the position(s) been outlined to you? Yes No

Can you perform the essential duties of the position with or without reasonable accommodation? Yes No

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the organization.

Signature of Applicant

Date

*All applications will be held for 2 years.

This Page for Office Use Only

****For Office Use Only****

Applicant Disposition Information	Applicant ID	<input type="text"/>
Applicant Name: _____		
Interviewed: <input type="radio"/> Yes	<input type="radio"/> No	Date: _____
Position Interviewed For: _____		
Reason Why Not Interviewed: _____		
Hired: <input type="radio"/> Yes	<input type="radio"/> No	Date: _____
Reason Why Not Hired: _____		

Applicant Survey

This information is requested as a part of Genesis's responsibility to maintain a nondiscriminatory workplace and to provide equal employment opportunity for all. Your responses are deemed confidential, and this section is removed before your application is processed. The information you provide is only used in summary reports to assist Genesis with planning, monitoring, and evaluating its equal opportunity programs. Providing this information is voluntary; however, your cooperation is critical to ensuring we have a diverse workforce. Your choice not to self-disclose will not adversely affect you as an applicant.

For Office Use Only:

Applicant ID:

A. What location are you applying for work at?

0. Jefferson
1. Boone
2. Indianola
3. Winterset
4. Storm Lake/Pocahontas
5. Adel/Perry/Waukee/Granger
6. Toledo/Belle Plaine/Cedar Rapids/Grinnell

B. What is your gender?

0. Male
1. Female

C. Of which racial/ethnic group do you consider yourself a member?

0. **White:** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
1. **Black or African American:** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
2. **Asian:** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
3. **American Indian or Alaska Native:** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition
4. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race
5. **Native Hawaiian or Other Pacific Islander:** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
6. **Two or More Races:** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

GENESIS DEVELOPMENT APPLICANT SURVEY

Genesis Development is a Government Contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 42122(VEVRAA), which requires Government Contractors to take affirmative action to employ and advance in employment:

A: Disabled Veteran

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensations under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability

B: Recently Separated Veteran

Any veteran during the 3 year period beginning on the date of such veterans' discharge or release from active duty in the U.S. military, ground, naval, or air service.

C: Active Duty wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

D: Armed Forces Service Medal Veteran

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government Contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA

I IDENTIFY AS ON OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

For Office Use Only:

Applicant ID:

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

For Office Use Only:

Applicant ID:

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 10

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.