

**PERSONAL INFORMATION**

Name

**Limitless Potential, Inc.**

**APPLICATION FOR EMPLOYMENT**

5802 Prairie Grass LN

Cedar Rapids, IA 52411

Phone: 319-265-8359

Fax: 319-294-4143

E-mail[: jgomez@limitless-potential.org](mailto:jgomez@limitless-potential.org)

Date

Last First Middle Maiden

Address

Street City State Zip Code

Phone       Social Security Number

Email:

Are you at least 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

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

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

If so, please provide dates and nature of crime on an attached sheet of paper.

Have you ever worked for a company that processes claims and payment for Medicare?  Yes  No

(Note: A conviction will be judged on its own merits with respect to time, circumstance and seriousness.)

**EMPLOYMENT DESIRED**

Position Desired       Salary Desired

Type of Employment Desired:  Full-time  Part-time  Casual

(35 + hrs. / Week) (20 + hrs. / Week) (less than 20 hrs. / Week)

List hours available to work: From To

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Are you available and willing to work evenings and weekends?

Date you can start:       Are you willing to work holidays?

Will you be taking any extended leaves (such as spring, summer or winter break)?

Referral Source:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | Name and Location of School | No. of  Years | Did you  Graduate? | Subjects Studied |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

Special Training / Skills / Certifications:

Interests / Hobbies:

**EMPLOYMENT HISTORY**

Employer       Phone

Address

Job Title       Supervisor

Dates Employed: From       Wages: Starting

To       Ending

Reason for leaving

Employer       Phone

Address

Job Title       Supervisor

Dates Employed: From       Wages: Starting

To       Ending

Reason for leaving

Employer       Phone

Address

Job Title       Supervisor

Dates Employed: From       Wages: Starting

To       Ending

Reason for leaving

May we contact your present / past employers?  Yes  No

If there is a particular employer(s) you do not wish contacted, please indicate below:

**REFERENCES**

(List 3  **PROFESSIONAL** references you have known at least one year, not including relatives)

**Name Phone Number Relationship Years Known**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Emergency contact: (name & number)

(address)

I certify the information submitted is true and realize that falsification of information on this form may be ground for disqualification of my application or dismissal from employment.

Signature Date

*The mission of Limitless Potential, Inc. is to empower individuals with developmental disabilities and help them in discovering their limitless potential.*

AN EQUAL OPPORTUNITY EMPLOYER

\*Federal and State law prohibit discrimination on the basis of race, color, creed, gender, sexual orientation, gender identity, religion, age, national origin, or mental or physical disability. No question on this application is intended to secure information

to be used for such discrimination