



**Limitless Potential, Inc.**  
**APPLICATION FOR EMPLOYMENT**  
 4770 Dewees Ct  
 Cedar Rapids, IA 52411  
 Phone: 319-265-8359  
 E-mail: jgomez@limitless-potential.org

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
 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  
 Have you lived anywhere other than Iowa in the last 5 years? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_

(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:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From							
To							

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