



Limitless Potential, Inc.
APPLICATION FOR EMPLOYMENT
 5802 Prairie Grass LN
 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
 (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