



**Opportunity Living**  
your world, our hands

*"Providing Special Persons Opportunities for Living"*

# Application for Employment

1890 E. Main St.  
Lake City, IA 51449  
Phone 712.464.8961  
Fax 712.464.3320

jobs@opportunityliving.org  
www.opportunityliving.org

## An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify Human Resources.

## Personal Information

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Position Desired \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cell/Other# (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_

How did you hear about us?

- Advertisement
- Family/Friend \_\_\_\_\_
- Walk-In
- Employment Agency
- Other \_\_\_\_\_

Have you ever filed an application with Opportunity Living before?  Yes  No

If yes, give approximate dates \_\_\_\_\_

Have you ever worked for Opportunity Living before?  Yes  No

If yes, give approximate dates \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Do you have a record of founded child or dependent adult abuse  
or have you ever been convicted of a crime in this or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Availability**

Best time to contact you \_\_\_\_\_AM/PM

Hourly Rate/Salary desired \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you available to work:  Full-time (please indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> shift)  
 Part-time (please indicate mornings afternoons evenings )  
 Substitute / Seasonal  
 Overtime

Are you currently in "lay-off" status and subject to recall?  Yes  NoCan you travel if a job requires it?  Yes  No**Job-Related Skills and Qualifications**Do you understand the requirements of the job?  Yes  NoCan you perform the requirements of the job with or without reasonable accommodation:  Yes  No

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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**Educational Background**

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than above, please enter that name \_\_\_\_\_

| <i>School Level</i>                      | <i>Name and Location of School</i> | <i># of Yrs Attended</i> | <i>Diploma/Degree</i> |
|--|------------------------------------|--------------------------|-----------------------|
| High School                              |                                    |                          |                       |
| College                                  |                                    |                          |                       |
| Trade, Business or Correspondence School |                                    |                          |                       |

**Service Record**

Branch of Service \_\_\_\_\_ Discharge Date/Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

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## Employment History

Starting with your most recent employer, provide the following information.

MOST RECENT Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number\_( \_\_\_\_\_ ) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_  
hr/week/month/year

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for reference?  Yes  No  Later

SECOND MOST RECENT Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number\_( \_\_\_\_\_ ) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_  
hr/week/month/year

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for reference?  Yes  No  Later

THIRD MOST RECENT Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number\_( \_\_\_\_\_ ) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_  
hr/week/month/year

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact for reference?  Yes  No  Later

**If you need additional space, please continue on a separate sheet of paper.**

**List professional, trade, business or civic activities and offices held** (you may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status)

\_\_\_\_\_

\_\_\_\_\_

**References**

Give the names of three persons not related to you, whom you have known at least one (1) year. Please provide one individual with whom you have worked with.

| <i>Name</i> | <i>Relationship</i> | <i>Company</i> | <i>Address, Phone, Email</i> | <i>Years Acquainted</i> |
|-------------|---------------------|----------------|------------------------------|-------------------------|
| 1.          |                     |                |                              |                         |
| 2.          |                     |                |                              |                         |
| 3.          |                     |                |                              |                         |

**Please read carefully before signing**

Opportunity Living is an equal opportunity employer. Opportunity Living does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Opportunity Living to hire me. If I am hired, I understand that either Opportunity Living or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Opportunity Living has the authority to make any assurance to the contrary.

I understand that Opportunity Living will conduct a criminal and or child or adult abuse records check in this state or any other state as required by law.

I attest with my signature below that I have given to Opportunity Living true and complete information on this application. No requested information has been concealed. I authorize Opportunity Living to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.



Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

***For Personnel Department Use Only***

*Date Interviewed:* \_\_\_\_\_ *Hired:*  Yes  No *Date Employed:* \_\_\_\_\_

*Position Hired for:* \_\_\_\_\_ *Hourly/Salary:* \_\_\_\_\$\_\_\_\_\_ *Dept.:* \_\_\_\_\_

*Signature of Director of HR:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Revised January 2018