

Kids Express Daycare Center

102 Prospect Street

Sanborn, Iowa 51248

712-930-5535

Application for Employment

(Pre-employment questionnaire and an equal opportunity employer)

Personal Information

Name _____ Social Security No. _____

Present Address _____

City _____ State _____ Zip _____

Phone Number _____

Are you 16 yrs. Or older? _____

Are you legally eligible for employment in the U.S.A ? _____

What method of transportation will you use to get to work? _____

Position applying for? _____ Rate of expected pay per hour \$ _____

What hours and days would you be available to work? _____

Did we previously employ you? _____ If yes, when? _____

When would you be available to start? _____

List any special experiences, skills or qualifications that would make qualified to work in our facility:

Have you ever been addicted to narcotic drugs? _____

Have you ever been fired? _____ If yes, explain _____

List any reasons known to you that might hinder your consistent and prompt performance of any job duties: _____

In case of emergency, please notify

Educational History

High School

Yrs attended _____

College

Yrs attended _____

Subject studied _____

Trade, business or Correspondence school

Yrs attended _____

Subject studied _____

Professional References

Reference #1 _____

Address _____

Relationship _____

Phone _____

How long have you known this person? _____

Reference #2 _____

Address _____

Relationship _____

Phone _____

How long have you known this person? _____

Reference #3 _____

Address _____

Relationship _____

Phone _____

How long have you known this person? _____



Iowa Department of Human Services
**Authorization for Release of
 Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last		First		Agency Name		Telephone Number	
Address						Fax Number	
City			State	Zip Code		Email	
List the name and address of the person whose information is being requested:							
Name (last, first, middle)				Birth Date		Social Security Number	
Address			City	County		State	Zip Code
List maiden name, previous married names, and any alias:							
What is the purpose of your request for child or dependent adult abuse information?							
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.							
Signature of Requestor						Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing		Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

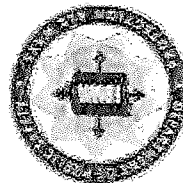
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee		Date
Comments		

STATE OF IOWA



Criminal History Record Check Request Form

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Mail or Fax completed forms to:

Send results to:

Name _____

Address _____

Phone _____

Fax _____

DCI Account Number: _____

(if applicable)

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)		_____
First Name (mandatory)	Middle Name (recommended)	_____
Date of Birth (mandatory)	_____	_____
Gender (mandatory)	_____	_____
Male <input type="checkbox"/>	Female <input type="checkbox"/>	_____
_____	Social Security Number (recommended)	_____

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

This form (DCI-77) is the only approved release authorization form for this purpose.

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

No Iowa Criminal History Record found with DCI

Iowa Criminal History Record attached, DCI # _____

DCI initials _____