

**Turning Leaf Counseling, Inc
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

<p>MAIL APPLICATIONS TO: Turning Leaf Counseling, Inc 103 East State Street, Suite 301 Mason City, IA 50401</p> <p>(641) 421-2089 www.turningleafcounseling.com</p>	<p>INSTRUCTIONS:</p> <p>To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.</p> <ul style="list-style-type: none"> • Incomplete applications MAY NOT BE CONSIDERED. • If resume is submitted, DO NOT write "see resume." • DATE and SIGN this application. • Please list a minimum of three years' prior experience and education. • Please complete this application in blue or black ink, or type. • You are not required to furnish any information which is prohibited by federal, state or local law.
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TITLE OF POSITION YOU ARE APPLYING FOR:	Expected Pay Rate:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	DOB:
TODAY'S DATE:	

Name:	Home Phone:
<div style="display: flex; justify-content: space-between;"> (Last) (First) (M.I.) </div>	() _____ - _____ Business Phone: () _____ - _____
Current Address:	Can we contact you at this number?
<div style="display: flex; justify-content: space-between;"> (Street) (Apt. #) </div>	<input type="checkbox"/> yes <input type="checkbox"/> no
<div style="display: flex; justify-content: space-between;"> (City) (State) (Zip Code) </div>	If yes, list hours
Permanent Address: (if different than current address)	When will you be available for employment?
<div style="display: flex; justify-content: space-between;"> (Street) (Apt. #) </div>	Email Address:
<div style="display: flex; justify-content: space-between;"> (City) (State) (Zip Code) </div>	Can we contact you here?
	<input type="checkbox"/> yes <input type="checkbox"/> no

Are you a U. S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you legally eligible for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no
<i>Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.</i>

Do you possess a valid Driver's License?	<input type="checkbox"/> yes <input type="checkbox"/> no	Type/class: _____ Type: _____
Do you possess a valid Commercial Driver's License?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you possess any other license?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Applicant name _____

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations, founded child or dependent adult abuse and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Please explain below (you may attach another sheet if necessary). *Approximate* dates may be listed.

Date	Location	Charge	Court	Disposition of Case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? yes no
 Name of school: _____
 Location of school: _____
 If no, have you passed a high school equivalency or GED test? yes no
 Location: _____

Training beyond high school:

College or university, technical, nursing, business college or other schools you have attended.

College, university or school -- name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, law enforcement academy, in-service training. Please provide dates.

Special skills & qualifications - *this information must be provided if you are applying for a position requiring these skills:*

Experience transcribing mechanically-recorded material? yes no
 Typing speed (if known): _____ WPM
 Experience using a 10-key adding machine? yes no
 _____ KPM
 List any additional office equipment which you can operate skillfully: _____

 List all computer software which you can operate skillfully: _____

 Foreign language (spoken or read with proficiency):
 French German Spanish Other _____
 Are you a certified Law Enforcement Officer? yes no
 Date certified: _____ State certified by: _____

<p>List any memberships in professional or technical associations:</p> 	<p>List any current license or registration as a member of a trade or profession:</p>
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Applicant name _____

IMPORTANT: You must complete the employment section of this application. Please list a minimum of prior three years' experience and education. Use a separate sheet of paper for additional employers. You may attach a resume to further explain your qualifications.

EMPLOYMENT SECTION: (Please start with your most recent position - include military service)

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> no, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

Applicant name _____

OTHER EXPERIENCE

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates Employed (month/year)		Annual salary	Full or part-time
		From:	To:		
		From:	To:		

Please explain any gaps in employment. _____

Are you currently **unemployed**? no yes, since _____

Are or were you eligible for Unemployment Compensation? no yes, please list dates _____

REFERENCES

Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.

NAME/ADDRESS/TELEPHONE	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understood and agreed to abide by these statements. Turning Leaf Counseling, Inc from this point forward will be referred as (TLC).

Initial:

_____ I authorize any person contacted to provide TLC any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by TLC to request employment records from my present and/or former employer(s). I release and hold harmless TLC, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

_____ I understand that after receiving a conditional offer of employment I will be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with TLC. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by TLC, and consent to the release of the test results to TLC. I hereby release and hold harmless TLC, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

_____ I authorize TLC, its officers, agents, and employees to conduct a background criminal and abuse check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless TLC, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by TLC only if it substantially relates to the position applied for.

Initial:

_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, TLC reserves the right to terminate my employment at any time.

Initial:

_____ I agree to use such personal protective equipment and devices as may be required by TLC and to comply with safety rules and requirements. In addition, I understand that TLC maintains a workplace free from drugs, harassment and violence.

Initial:

_____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of TLC has the authority to make any assurances to the contrary.

Initial:

_____ I have read and understand the job description for the position I am applying for.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Turning Leaf Counseling, Inc is committed to the equality of opportunity for all people. It is the policy of TLC to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Applicant's signature _____

last revised: 05/22/2012

Date _____

REFERENCE RELEASE FORM

**Turning Leaf Counseling, Inc
103 East State Street, Suite 524
Mason City, IA 50401**

NOTE TO APPLICANT: Please complete the top half of this form for each employer. LEAVE ATTACHED TO THE APPLICATION. (Your current employer will not be contacted unless you have given us authorization in the employment section of the Application.)

TO WHOM IT MAY CONCERN: The below named applicant is being considered for employment with Turning Leaf Counseling, Inc and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Thank you for your assistance.

Former employer: _____

Applicant name: _____

Social Security No. _____ Dates employed: _____

Applicant's Authorization

I consent to and authorize any person contacted to provide Turning Leaf Counseling, Inc any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless Turning Leaf Counseling, Inc, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Applicant's Signature Date

Record of Employment

Position held: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? Yes No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Testing Results per Federal DOT Requirements _____

Was this person ever warned/disciplined for any of the following occurrences:

Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

Signature Title Date

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Applicant's Signature

Date

Record of Employment

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Summary of essential duties: _____

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Salary at termination: _____

Eligible for rehire? Yes No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

Signature

Title

Date

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Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

Signature Title Date