



Exceptional Opportunities, Inc.

119 South Jones St. / P.O. Box 40

Algona, IA 50511

(515) 395-3251

FAX # (515) 395-7807

**DRUG TESTING
REQUIRED OF ALL
SAFETY SENSITIVE
EMPLOYEES**

This application is not an employment contract.

Properly completed applications will be forwarded to program directors. The program director will review the application and schedule interviews according to his/her schedule. For further information regarding the application process, call (515) 395-3251. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex, disability, creed, religion or political affiliation (EOE). If hired as an employee of Exceptional Opportunities, Inc., you are an employee at will and you can be terminated for any or no reason. You may terminate your employment with this agency at any time for any or no reason.

(PLEASE PRINT or TYPE each section of this application; sign your name to each section as requested, and return to the address listed above by mail, email, or in person.)

Date of application: _____

Position applied for: _____

Name (Last, First, Middle): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Previous Addresses the Past Three Years:

Telephone Number(s): _____

Social Security Number (optional): _____

How did you find out about the employment opportunities at our facility?

____ Newspaper ____ Poster ____ Referral by EO employee ____ Other

Yes

No

Have you ever filed an application with us before? _____

If yes, give date: _____

Have you ever been employed with us before? _____

If yes, give date: _____

Are you currently employed? _____

May we contact your present employer? _____

Are you related to any person receiving services from Yes No
Exceptional Opportunities, Inc.?

Have you ever been known by any other name(s) which this Yes No
facility will require in order to verify any of the information in this application?

If **yes**, give name(s) and explain, giving necessary details:

On what date would you be available for work? _____

Are you able to work: _____ Full-time _____ Part-time _____ Shift Work _____ Temporary

Are you currently on "lay-off" status subject to recall? Yes No

Can you travel if a job requires it? _____

I understand that meeting all driver qualifications may be a Yes No
requirement of this employment. _____

Do you have any experience operating 15 passenger (or less) vans? _____

If **yes**, please explain and describe vehicles: _____

VIOLATION AND REVIEW RECORD

CERTIFICATION OF VIOLATIONS

Name: _____

DL Number: _____

I certify that the following is a true and complete list of traffic accidents and/or violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 36 months:

DATE	OFFENSE	TYPE OF VEHICLE OPERATING
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past 36 months, have you held a driver's license or permit from any other state?
_____ Yes _____ No

If **yes**, please explain: _____

I certify that I have not been convicted or forfeited bond or collateral on account of any accident or violation during the past 36 months. I hereby give permission to check with the authorities to get an actual copy of my Motor Vehicle Driving Record.

SIGNATURE: _____ Date: _____

EDUCATION

HIGH SCHOOL

Name: _____ City, State: _____

Years Completed: _____ Diploma/GED: _____

UNDERGRADUATE COLLEGE

Name: _____ City, State: _____

Years Completed: _____ Diploma/Degree: _____

Describe Course of Study: _____

GRADUATE/PROFESSIONAL

Name: _____ City, State: _____

Years Completed: _____ Diploma/Degree: _____

Describe Course of Study: _____

Describe any specialized training, apprenticeship, skills, and/or extra-curricular activities that you received, developed, or were involved with while attending any of the above schools:

Describe any honors you received during your education: _____

Please list any licenses or certifications you hold that are applicable to working with people with intellectual or developmental disabilities:

Please list any specialized training you have received related to Exceptional Opportunities, Inc.'s function: _____

Please describe any work with the individuals with intellectual or developmental disabilities, whether paid or volunteer:

Please provide a written statement as to why you wish to become an employee of Exceptional Opportunities, Inc.: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job or military skills you have acquired and volunteer activity. You may exclude organizations, which indicate race, color, sex, gender, national origin, disability, or other protected status. Please cover at least the last 10 years.

Employer: _____
Address: _____ Phone Number: _____
Dates Employed: _____ to _____
Job Title: _____ Supervisor: _____
Rate of Pay Upon Leaving: _____
Work performed: _____
Reason for Leaving: _____

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Address: _____ Phone Number: _____
Dates Employed: _____ to _____
Job Title: _____ Supervisor: _____
Rate of Pay Upon Leaving: _____
Work performed: _____
Reason for Leaving: _____

If you need additional space to list employment experiences, please continue on a plain sheet of paper.

I do hereby give Exceptional Opportunities, Inc. permission to contact any and or all previous employers regarding job-related information for suitable job placement at Exceptional Opportunities, Inc.

Signature and Date

REFERENCES

List three references who are NOT related to you and can speak to your employment skills:

Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

	<u>Yes</u>	<u>No</u>
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of crime in this state or any other state? (Conviction will not necessarily disqualify an applicant from employment.)	_____	_____

Are you currently on a provider exclusion database?	_____	_____
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If **Yes** to either question, please explain: _____

I hereby declare the information provided by me in this application for employment is true, correct, and to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application and (supplemental information) may be considered cause for dismissal. I authorize investigation of all statements contained in this application (and accompanying resume, if any). I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, and personal characteristics. I further authorize investigation by law enforcement and any and all state and federal agencies, employers or any other appropriate firms or agencies in any state. (I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.) In consideration of my employment, I agree to conform to the rules and regulations of Exceptional Opportunities, Inc. and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Exceptional Opportunities, Inc. or me. I understand that additional information may be required of me. I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Signature: _____

EXCEPTIONAL OPPORTUNITIES, INC.

NOTIFICATION OF RECORD CHECKS & POST-OFFER PHYSICAL

I understand that if hired for employment by Exceptional Opportunities, Inc., I will be subject to a criminal and child and dependent adult abuse record check. I understand that the purpose for this record check is to determine whether or not I have been convicted of a crime involving the mistreatment or exploitation of a child or dependent adult.

I understand that if hired for employment by Exceptional Opportunities, Inc., I will also be subject to background checks for provider exclusion with the Office of the Inspector General and the federal Excluded Parties List System. The purpose of these record checks is to determine whether or not I have been barred from participating as a Medicaid or Medicare provider due to waste, abuse, or fraud of federal Medicaid or Medicare funds.

Each employee, after being offered employment, must have a medical examination prior to his/her first day of work which includes verification of tuberculin status, and blood work if applicable, to attest that you are in good health and free of any communicable or infectious disease transmissible by workplace contact. *Post-offer physical and tuberculin status is the cost of the newly hired employee.*

Signature of applicant: _____

Date: _____

FOR OFFICE USE ONLY

Print Name: _____

_____ will begin work on _____
Name of Applicant Date

at _____ in the position of
Name of Facility

_____. The wage shall be
Position Title

_____ per hour.

HR Coordinator Signature

Date

Executive Director's Signature

Date