Access #706c Drafted 9/76 Rev 10/09, 2/12, 7/13, 8/13, 12/13

Access, Incorporated Application for Employment

An Equal Opportunity Employer

Access, Incorporated will make every effort to recruit, employ and advance in employment all qualified individuals without discrimination on the basis of age, race, color, national origin, creed, ethnic background, gender, sexual orientation, gender identity, genetic disposition, religion, family status, veteran status, disability or any other classification protected by federal or state of Iowa laws.

Are you at le	east 18 years of age	e? Yes	No				
Are you a n	nilitary Veteran? _	Yes	No If	yes, dates of a	ctive duty: _	to	
, ,	ally able to work in						
	er been known by a nation on this appli						
Position(s) Applied	For:			Date of Applic	cation:		
Circle Referral(s):	Friend/Relati			Advertisement			
	Workforce C	Center Employee		Other			
PERSONAL INFORMATION							
Name: Telephone: ()							
Last	First	Middle		Area Code			
Address:							
Number	Street						
City	State	Zip Code					
Have you filed an application at Access, Inc. before?YesNo							
If yes, give date:							
Have you ever been employed at Access Inc. before? Yes No.							
TT 1 1	1 - 1 C	- 1 4: C	If	yes, give date:	V		
Have you ever been suspended or forced to resign from any position?YesNo If yes, give date:							
Are you employed i	now?Yes	No	111	yes, give date.		_	
On what date would you be available for work?							

Circle work most desired and for which you are available: FT PT Less than P T Temporary

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

A "yes" answer does not automatically disqualify an applicant. Founded abuse and/or criminal convictions will be evaluated based on the needs of the position, and the time, nature and seriousness of the conviction or abuse and related rehabilitation of the individual.

EDUCATIONAL BACKGROUND

Circle Highest Grade Completed: Name and Location of High School/GED:	6 7 8 9 10 11 12 GED					
High School Diploma Awarded? Circle Years of College/Trade School Completed: Name and Location of College/Trade School:	Yes no 1 2 3 4 5 6					
List Subjects Studied and/or Degree						
Please list below any academic honors, extra-curric short courses and workshops, etc. and any voluntee	ular activities, additional training such as r work.					
SKILLS AND ABILITIES						
Are you bilingual?Yes No If yes, please list the languages other than English that you speak fluently						
List all valid occupational or driver's licenses you may hold. List any office or industrial equipment or machines you can operate. List any computer and program experience you are familiar with. Please identify any other special skills or experiences in the space below.						
EMPLOYMENT HISTORY (List employers, starting with the current or most recent. Explain all gaps in employment.)						
Employer name (or branch of military)						
Date started: Date left:	Rate of pay:					
	son for leaving:					
Complete employer address	Phone #					
Describe job duties, skills, equipment used						

EMPLOYMENT HISTORY CONTINUED

Employer name (or branch of military)						
Date started:	Date left:	Rate of pay:				
Job title:		Reason for leaving:				
Complete employer address		Phone #				
Describe job duties, skills, equi	pment used					
Employer name (or branch of m	nilitary)					
Date started:	_ Date left:	Rate of pay:				
Job title:		Reason for leaving:				
Complete employer address		Phone #				
Describe job duties, skills, equipment used						
May we contact your former or No	present emple	oyer(s) to verify this information?Yes				
<u>REFERENCES</u>						
Please list three people other than past employers or relatives that have some knowledge of your						
employment: Name:	Addragg:	Dhona Na				
	_ Address	Phone No. Phone No.				
Name:	_ Address: _					
Name.	_ Address	Phone No.				
information in this application vauthorizes Access, Incorporated records, and/or other background	will be suffici- d to review my nd data as it m undergo drug	, and if employed, understand that any false ent grounds for termination. My signature y previous employment, driving, criminal and abuse ay relate to the position(s) for which I am applying. and alcohol testing if it is required for the position. le for at least one year.				
Signature:		Date:				