



APPLICATION FOR EMPLOYMENT

PHONE: 515-274-6868
EMAIL: scihr@sciowa.org
FAX: 515-274-3404
WEB: sciowa.org/jobs

**SCIENCE
CENTER
OF IOWA**

_____ Date

PERSONAL DATA

Full Name - Last	First	Middle		
Present Address – Street	City	State	Zip	Telephone
Alternate Address – Street	City	State	Zip	Telephone
E-mail Address	Are you a citizen of the U.S. or can you submit verification of your legal right to work in the U.S.?* <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Upon receipt of a conditional offer of employment, you must submit verification of your legal right to work in the United States.

GENERAL INFORMATION

Position Applying For	Salary Requirements	Date Available
Have you ever applied at SCI before? If yes, when?	Have you ever interviewed with SCI before? If yes, when and for what position?	
Have you ever used any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.	Are you able to perform the essential functions of this position with or without reasonable accommodation?	
Were you ever previously employed by SCI? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and in what position?	Have you ever been convicted of a misdemeanor or felony?* <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list the hours you are available and the number of hours you desire to work per week.		

*Yes will not automatically disqualify you for consideration for employment. Employment is contingent upon eligibility for bonding.

For Internal Use

Interviews Scheduled

#	Date	Time	With
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

EDUCATION

	NAMES AND LOCATION	MAJOR FIELD	DID YOU GRADUATE?	TYPE OF DEGREE	NUMBER OF YEARS ATTENDED
High School					
College					
Graduate School					
Other Schools					

Note: All degrees listed above may require written verification prior to employment.

Use this space to describe any volunteer experience, skills, or special training, educational honors, extracurricular activities, professional societies or other information you wish considered (if unrelated to ethnic or religious groups or organizations):

PROFESSIONAL REFERENCES

Please provide at least three business or professional references.

NAME	TITLE	COMPANY NAME	COMPANY ADDRESS	TELEPHONE

WORK HISTORY

(begin with current employer)

Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer	Dates		Name Employed Under
Address	From (MO/YR)	To (MO/YR)	Position Title
City, State and Zip	Salary		Duties
Phone Number	Starting	Final	
Immediate Supervisor	Weekly Scheduled Hours		Reason for Leaving
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the references listed in this application, including personal and employment references, to provide you with all information pertinent to this application and I release all parties from liability for any damages that may result from the release of any information as part of the employment verification process.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed, my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that in accordance with Federal law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment. Failure to submit such proof within the required time shall result in immediate termination of employment. It is further understood that any job offer will be contingent upon satisfactory background checks (criminal and child abuse). In the event of employment, I understand that I may not engage in any activities that constitute a conflict of interest between me and the Company.

SIGNATURE OF APPLICANT

DATE

Please Return Application to:

Human Resources
Science Center of Iowa
401 W Martin Luther King Jr Parkway
Des Moines, IA 50309
Phone 515-274-6868 x251
Fax 515-274-3404
scihr@sciowa.org

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child 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 about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.

1.	Requester Science Center of Iowa			
	Address 401 W. Martin Luther King Jr. Parkway			
	City Des Moines	State IA	Zip Code 50309	Phone Number (515) 274-6868
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information? Work with children.			
	4. I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature			Date

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature	Date
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PART C: To be completed by the Central Abuse Registry or designee.

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because the form is incomplete.

Signature	Date
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Comments

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.



AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE REPORT

The Fair Credit Reporting Act (FCRA) requires all of our clients to provide written certification of the permissible purpose(s) for which the consumer report is being requested. Each client is to maintain a written release on file from each subject of all consumer report requests. Consumer reports may only be requested for legitimate business purposes as listed in this document. NCS reserves the right to request a copy of the subjects release form as and when they deem necessary.

I understand that a consumer report and/or an investigative consumer report will be requested from National Crime Search, Inc., a consumer-reporting agency. I further understand that National Crime Search, Inc. cannot give out information about me to anyone without my written consent. The report may contain information bearing on my criminal background, credit worthiness, credit standing, credit capacity, driving record, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with neighbors, friends, employers, associates, or educational facilities. I forever release, absolve, and indemnify to the fullest extent allowed by law National Crime Search, Inc., its affiliates, and all providers of information for releasing and obtaining any information arising from any and all sources.

I hereby authorize National Crime Search, Inc to obtain a consumer report or investigative consumer report on me, as applicable. I have read and understand the above statement and hereby give my express permission to complete this investigation.

Signature

Today's Date

Full Legal Name (please print)

Aliases (please print)

Address

City/State

Zip

Date of Birth

SSN

Driver's License #

State issued

Instant and Affordable Background Searches