

# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

**CONFIDENTIAL**

## PERSONAL INFORMATION

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street
City
State
Zip Code

Permanent Address (if different than Present Address): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street
City
State
Zip Code

If you cannot be reached at above phone number: Name of Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept employment of:  Full Time?  Part Time?  Temporary?

Are you 18 years of age or older?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

How did you learn of this opening?  
 \_\_\_\_\_

## EDUCATION

Highest Grade Completed:  9  10  11  12  13  14  15  16

Scholastic Honors Received: \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="radio"/> No <input type="radio"/> Yes	
College				<input type="radio"/> No <input type="radio"/> Yes; _____ Date _____	
Vocational or Business				<input type="radio"/> No <input type="radio"/> Yes; _____ Date _____	
Professional Education				<input type="radio"/> No <input type="radio"/> Yes; _____ Date _____	
Laboratory or X-Ray Training				<input type="radio"/> No <input type="radio"/> Yes; _____ Date _____	

Extracurricular Activities while in School: \_\_\_\_\_

Member of Professional Organizations: \_\_\_\_\_

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:  
 \_\_\_\_\_  
 \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
Month / Day / Year
Month / Day / Year

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

**EMPLOYMENT RECORD** (list last or present position first)

Present and Former Employers	Dates Employed	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. \_\_\_\_\_  
 Last First Middle Initial

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year, including the phone number for each reference.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex:  Male  Female Nationality: \_\_\_\_\_

Number and Ages of Children: \_\_\_\_\_

**Notify In Case of Emergency:** \_\_\_\_\_  
 Name Relationship

Address - Street City State Zip Code Phone Number

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_





## Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

**REQUESTOR INFORMATION** PLEASE WRITE CLEARLY

Name (business or individual)

Scottish Rite Park

Mailing address (street/PO Box, city, state, zip code)

2909 Woodland Ave, Des Moines IA 50312

Phone number

(515) 661-6424

Fax number

5152746049

Email address

pchristianson@scottishritepark.com

I would like the results sent to me by:     Mail     Fax     Email

I am required to have the results notarized:     Yes     No    \*for specific requirements in another country only.

**SUBJECT OF REQUEST INFORMATION.** Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

**RELEASE AUTHORIZATION INFORMATION:** 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.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

**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 completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.**

RELEASE AUTHORIZATION SIGNATURE

**FOR DCI USE ONLY**

As of  a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

**SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:**

**ADDRESS:** Iowa Division of Criminal Investigation  
Support Operations Bureau  
Dissemination Unit  
215 E 7<sup>th</sup> St  
Des Moines IA 50319

**FAX:** 515-725-6080

**EMAIL:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)

**QUESTIONS:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)