



**DOUBLE HH MANUFACTURING**  
 Division of Hope Haven, Inc.  
 P.O. BOX 176  
 ROCK VALLEY IA 51247  
 (712) 476-3200

## EMPLOYMENT APPLICATION

Double HH Manufacturing is an equal opportunity employer and does not discriminate against any employee or applicant because of race, religion, color, age, sex, national origin, or disability.

### PERSONAL INFORMATION:

Name (Last)	(First)	(Middle Initial)	Social Security Number ____ - ____ - ____
Present Address (Number)	(Street)	Telephone Number ( )	Cell Number ( )
(City)	(State)	(Zip Code)	Referred By:

### EMPLOYMENT DESIRED:

Position Applied For:	Date Available to Start:	Salary Desired:
If currently employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EDUCATION HISTORY:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE OR COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
BUSINESS, TRADE OR PROFESSIONAL SCHOOL				

### ADDITIONAL INFORMATION:

LIST ANY SPECIFIC SKILLS OR TRAINING RECEIVED.	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIALTY _____ DATE ENTERED _____ DISCHARGE DATE _____	ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT HISTORY:** List present and past employment, beginning with your most recent.

Name of Employer: Address: City, State, Zip Code: Phone Number:	Employment Dates From: To:
Job Title:	Name of Supervisor:
Salary:	Reason for Leaving:
Name of Employer: Address: City, State, Zip Code: Phone Number:	Employment Dates From: To:
Job Title:	Name of Supervisor:
Salary:	Reason for Leaving:
Name of Employer: Address: City, State, Zip Code: Phone Number:	Employment Dates From: To:
Job Title:	Name of Supervisor:
Salary:	Reason for Leaving:

**REFERENCES:**

Name	Address	Phone Number	Relationship	Years Known
1)				
2)				
3)				

**AUTHORIZATION:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

-----APPLICANT: DO NOT WRITE BELOW THIS LINE-----

**REMARKS:**


INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**STATE OF IOWA  
DHS CRIMINAL HISTORY RECORD CHECK  
FORM B**

**TO:** Iowa Division of Criminal Investigations  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319

**FROM:**

**PURPOSE:**  Child Day Care 237 A.5/237A.20  Adoption 600.8(1)(2)  Child Abuse 232.71  
 Foster Care/Group Foster Care 237.8  Institutions/Facility 218.13  Juvenile Home 232.142

**REQUEST**

I am requesting an Iowa criminal history (CCH) check on:

<b>Last Name</b>	<b>First Name</b>	Middle Name
Maiden Name	<b>Sex</b>	<b>Social Security Number</b>
<b>Date of Birth</b>	Signature of Requestor	

**RESULTS**

As of \_\_\_\_\_ (date) a name and date of birth check revealed:

CCH record attached  No CCH record found

DCI Initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct and Iowa criminal history check with the Division of Criminal investigation. Any information maintained by the DCI may be released as allowed by law.

<b>Signature</b>	<b>Date</b>
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**PLEASE RETURN THIS FORM WITH YOUR APPLICATION  
THANK YOU.**

For Equal Employment Opportunity/Affirmative Action statistical purposes please complete the following items. This information will **NOT** be maintained with your application and is for statistical purposes only.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

RACE/NATIONAL ORIGIN: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

DISABILITY, IF ANY: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS POSITION: \_\_\_\_\_

ARE YOU A VETERAN OF OUR US MILITARY, GROUND, NAVAL, OR AIR  
SERVICES            YES or NO

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FOLD HERE