



Full Legal Name (First, Middle, Last): <b>*Copy of photo I.D. must accompany application.</b>			Date:	
Maiden Name, Other Legal Name previously used, and/or "Known As" Names:			Social Security Number:	
Street/Mailing Address:		City, State, Zip		Cell Phone Number:
Birth Place:	Birth Date:	Age:	Home Phone Number:	
Email Address (if applicable):	Employment Desired: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		Date Available to Start:	
Are you legally eligible for employment in the United States?			Do you have a valid Driver's license?	
Desired wage range:	Are you related by blood or marriage to other project staff members or Rock Valley Rotary Club members?			
Are you available to work overtime if necessary?			Have you previously applied with us? If so, month/year applied?	
Position Desired:				

**Education**

Education	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?
High School				
College				
Trade, Business, Correspondence				

**Training & Experience in the following areas:**

Public Relations Activities:

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Public Speaking:

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Writing:

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Computer & Software:

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Organizing Special Events:

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Experience working with volunteers & in the field of aging:

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Special Qualifications or Training:

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**Former Employers:** Please give accurate, complete full-time & part-time employment record. Start with present or most recent employer. (You may add additional sheets of paper if necessary.)

1. Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_  
Your Job Title & Description of your Work: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_  
Your Job Title & Description of your Work: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_  
Your Job Title & Description of your Work: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact Employer Number(s): \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

### List Three Personal References (Not Relatives)

Name and Address, City:	Phone Number:	Relationship:
Name and Address, City:	Phone Number:	Relationship:
Name and Address, City:	Phone Number:	Relationship:

### Disclosure Statement

Have you ever received a deferred judgment or been convicted of a crime or misdemeanor (other than parking violations and juvenile offenses)? Please circle one: YES NO

Have you ever received a deferred judgment or been convicted of a felony? Please circle one: YES NO

If yes to either the above questions, please explain: \_\_\_\_\_

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Have you even been charged with neglect, abuse or assault or had a protection order issued against you? Please circle one: YES NO If yes, please explain: \_\_\_\_\_

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### Auto/Driver Information

Foster Grandparent and Senior Companion Programs do reimburse for mileage. In order to qualify, please answer the following questions.

1. Will you regularly drive to volunteer/client sites, offices, in-services, or project areas?  
Please circle one: YES NO

2. Will you claim mileage for reimbursement from the Foster Grandparent or Senior Companion Programs?  
Please circle one: YES NO

In order for us to pay mileage reimbursement we need to have the following information. If we do not have this information, we are **not** allowed to pay out any mileage.

Name as it appears on your Driver's License: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

For our records, please submit a **copy of your photo I.D.** and **proof of auto insurance** with your application.

### Beneficiary Information

In the event of my death, I instruct the Rock Valley Rotary Foster Grandparent /Senior Companion Programs to send my check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

## Staff Agreement

### Photo Release

I authorize the RVR Foster Grandparent and Senior Companion Programs to photograph me and give them the absolute right and unrestricted permission to copyright, publish and/or use such photographs; in whole or part of, or composite for use in RVRFGP/SCP publications or websites. I waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection with, or the use to which it may be applied. I release, discharge and agree to hold harmless RVRFGP/SCP from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature

### Confidentiality

As a Foster Grandparent or Senior Companion employee, I realize that I have an obligation to keep in confidence all information about the individuals we serve and some project information. I realize that NO CONFIDENTIAL INFORMATION is to be revealed or discussed with anyone (other than site staff or program staff); even telling the names of children or clients is considered a breach of confidentiality. I understand that revealing confidential information is not acceptable and could result in disciplinary action (written reprimand, suspension or termination).

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature

### Read carefully before signing:

I hereby consent to permit Rotary Club of Rock Valley Foundation (RVR) Foster Grandparent and Senior Companion Programs to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for an employment position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I, voluntarily and knowingly, waive all rights to bring any action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby give permission for RVR Foster Grandparent and Senior Companion Programs to conduct a State of Service and/or State of Residence criminal history record check with the Division of Criminal Investigation (DCI), an Iowa child, independent adult, and sexual offender abuse registries with the Dept. of Human Services, a National Sex Offender Public Website (NSOPW) check, and a FBI Background check. Any information maintained may be released as allowed by law. I understand participation in or employment with the RVR Foster Grandparent or Senior Companion Programs is contingent upon eligibility determined by criminal history and abuse registries review, acceptance, and the completed screening process.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct, and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application, is considered making a false statement, which may result in refusal of or separation from employment upon discovery thereof.

Upon completion of criminal history record checks, I understand that I have the right to review a copy of the criminal history records at the RVR Foster Grandparent and Senior Companion Program Rock Valley office with qualified staff. I further understand that I have the right to challenge the accuracy and completeness of any information contained in any such reports and to obtain a determination as to the validity of such challenge prior to the final determination. I further understand that I have the right to challenge the accuracy and completeness of any information contained in any such reports and to obtain a determination as to the validity of such challenge prior to the final determination. If I challenge the accuracy of the information obtained, I understand that I have 5 business days, from the time of the RVR Foster Grandparent and Senior Companion Programs notification, to inform the RVR Foster Grandparent and Senior Companion Programs of my intention to challenge the accuracy of information. If RVR Foster Grandparent and Senior Companion Programs are not notified within 5 days, it is mutually agreed that I decline to challenge. RVR Foster Grandparent and Senior Companion Programs will allow 6 weeks to correct information or as seen appropriate by board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Waiver Agreement and Statement

For National Criminal History Record Checks  
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under state legislation or federal statute.

I hereby authorize Rotary Club of Rock Valley Foundation, Inc. (RCRVF) to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the qualified entity to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the qualified entity may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that, upon request and if policy allows, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

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I  **have** OR  **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I am a current or prospective (check one):  Licensee  Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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### TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Rotary Club of Rock Valley Foundation, Inc.

Address: 1510 14th Street, Rock Valley, IA 51247

Telephone: 712-476-2628 Fax: 712-451-6889

Entity Assigned OCA: RCRVF

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