



**Eldora Children's Center, Inc.**  
 1111 10th Street, Eldora, IA 50627  
 (641) 939-3926, (800) 948-4026 fax  
[eccdirector@southhardin.org](mailto:eccdirector@southhardin.org)  
<https://eldorachildrencenter.wixsite.com/2020>

Last Name	First	Middle	Date
Street Address			Phone (     )
City, State, Zip			Email
Have you applied here before?	Yes	No	Last 4 digits of Social Security #
Have you worked here before?	Yes	No	
Position Desired			Pay Expected
What days and hours are you available to work? <i>(If you need more room, use the back)</i>			Will you work overtime if asked?      Yes      No  What date are you able to begin?
Are you legally eligible for employment in the United States?			Are you 18 or older?
Yes                      No			Yes                      No

Describe any training received relevant to the position for which you are applying for (please write on the back if you need more room).

---



---



---

School	Name & Location of School	Course of Study	Did you graduate?	Years Completed	Type of Degree or Diploma
Graduate School					
College					
Business/Trade/Technical					
High School/GED					

## EMPLOYMENT

Please give accurate and complete employment history. Start with your present or most recent employer. Attach an additional sheet or resume if necessary.

Company Name	Telephone (     )
Address (with city and state)	Employed - (month and year) From                      To
Name of Supervisor	Pay Rate Start                      Last
Job Title & Describe your work	Reason for Leaving

  

Company Name	Telephone (     )
Address (with city and state)	Employed - (month and year) From                      To
Name of Supervisor	Pay Rate Start                      Last
Job Title & Describe your work	Reason for Leaving

Company Name	Telephone (     )
Address (with city and state)	Employed - (month and year) From                      To
Name of Supervisor	Pay Rate Start                      Last
Job Title & Describe your work	Reason for Leaving

## REFERENCES

Please give accurate and complete contact information.

Name	Relationship	Years Known	Contact Information

Membership in Professional or Civic Organizations

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work. I understand that any information I give may be investigated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me or for me to continue my employment with ECC in the future.

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

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