



Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you worked with CCOI before? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, when \_\_\_\_\_

Are you currently or have you previously been a host home provider? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes - When \_\_\_\_\_

With what organization? \_\_\_\_\_

Do you currently have client(s)? If yes, how many? \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, explain:

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Please provide the following for background check.

Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender (Male/Female) \_\_\_\_\_

EDUCATION

Please provide your highest level of education \_\_\_\_\_

Area of study \_\_\_\_\_

EMPLOYMENT EXPERIENCE

Please submit a resume or complete the section below. Start with your most recent employment. Include military service assignments and/or volunteer activities.

<p>Employer:</p> <p>Telephone:</p> <p>Address:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Reason for leaving:</p>	<p>Dates Employed</p> <p>From _____ To _____</p> <p>Hourly Rate/Salary _____</p> <p>Starting:</p> <p>Final:</p>	<p>Work Performed</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer:</p> <p>Telephone:</p> <p>Address:</p> <p>Job Title:</p>	<p>Dates Employed</p> <p>From _____ To _____</p> <p>Hourly Rate/Salary _____</p> <p>Starting:</p>	<p>Work Performed</p> <p>_____</p> <p>_____</p> <p>_____</p>

Supervisor:	Final:	
Reason for leaving:		<hr/> <hr/>

Please list the names, addresses and telephone numbers of at least three references.

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**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify the answers given in this intake form are true and complete to the best of my knowledge. The organization may investigate all statements made on this form. The organization is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

I understand that this form is not a contract of employment; that if hired, regardless of any oral representations to the contrary.

I hereby give permission for the above requesting official to conduct an Iowa Criminal history check with the division of Criminal Investigation. *See Form 135 C*

Signature \_\_\_\_\_

Date \_\_\_\_\_

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK Form C

ACCOUNT NUMBER:

TO: Iowa Division of Criminal Investigation FROM: Community Care of Iowa  
Bureau of Identification  
Wallace State Office Building  
Des Moines, IA 50319  
(515) 281-5138  
(515) 242-6876 (fax)

I am requesting an Iowa Criminal History Check on:  
PO Box 11  
Breda, IA 51436  
Phone: (712) 210-7707  
emilieagan.communitycare@gmail.com

(TYPE/PRINT LEGIBLY)

REQUEST

\_\_\_\_\_  
Last Name First Name Middle Name  
(mandatory) (recommended) (mandatory)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth  
(mandatory)

\_\_\_\_\_

Sex (mandatory)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Social Security Number

(mandatory)

\_\_\_\_\_  
Signature of Requestor

*There is a separate Form "C" required for each last name submitted*

(DCI Use only)

RESULTS

As of \_\_\_\_\_, a Name and date of birth check revealed:

CCH record Attached: No CCH Record:

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

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

_____	_____
Signature	Date

Form No. 595-1490