



Employment Application

Equal Opportunity Employer

2850 Mt. Pleasant Street, Suite 108, Burlington, Iowa 52601 Telephone: (319) 753-0193

This application must be submitted to the address above by the published due date and completed in full to be considered for employment.

Name: _____ Home Phone: _____

Mailing Address: _____ City: _____ State/Zip: _____

Message or Cell Phone Number: _____ E-mail address: _____

Position(s) Applied For: _____

Have you applied for employment with us before? Yes No If so when & what position: _____

If necessary, what is the best time to contact you at home? _____

May we contact you at work? _____ If yes, what is the phone # and best time to call? _____

Are you legally able to work in the United States? Yes No Are you 18 years of age or over? Yes No

Are you a current Head Start parent? Yes No _____

Education: Check the highest grade completed: 8 9 10 11 12 GED

College: 1 2 3 4 5 6 7 8

Name & Location of last school attended: _____

Enter information on college/business/trade/technical institutions attended:

1. **Name & Location of school:** _____

Degree/ Diploma/Certification received (be specific: AA, BA, etc): _____

Course of Study: _____

2. **Name & Location of school:** _____

Degree/ Diploma/Certification received (be specific: AA, BA, etc): _____

Course of Study: _____

3. **Name & Location of school:** _____

Degree/ Diploma/Certification received (be specific: AA, BA, etc): _____

Course of Study: _____

Course of Study: _____

Courses taken which are particularly applicable to the position applied for: _____

Employment History

This section must be filled out completely, even if a resume is attached. You must provide accurate, complete information of your full-time and part-time employment history. Please list duties and indicate supervisory experience. Homemaker experience can be included in this section.

Start with your present or most recent employer.

Employer: _____	Dates employed: _____
Address: _____	Telephone: (____) _____
Supervisor: _____	Hourly wage/Salary: _____
Job Title: _____	
Description of duties: _____	

Reason for leaving: _____	

Employer: _____	Dates employed: _____
Address: _____	Telephone: (____) _____
Supervisor: _____	Hourly wage/Salary: _____
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Job Title: _____	
Description of duties: _____	

Reason for leaving: _____	

Skill Summary: After reading the job description, summarize your job-related skills that may qualify you for the position:

Optional: Describe additional volunteer work, trade, business or civic associations, workshops, short courses, languages, accomplishments, etc. _____

Background Information

Have you ever been convicted of a felony in this state or any other state? Yes No if yes, please explain in full:

Do you have any pending felony charges? Yes No _____

Have you ever had a conviction for a controlled substance? Yes No _____

Have you ever been convicted of a domestic abuse felony? Yes No _____

Have you ever been convicted of a felony against a child or a forcible felony? Yes No _____

Do you have a record of founded child or dependent adult abuse, neglect or endangerment? Yes No

Have you ever been reported for child endangerment, abuse or neglect? Yes No _____

Are you on the sex offender registry? Yes No Explain: _____

Individuals convicted of offenses are not automatically disqualified from being hired. The agency will review each case to assess the relevance of an arrest, charge or conviction to a hiring decision. If offered a position the agency will conduct a background check.

Positions that require you have a valid driver's license:

Driver's License # _____ State: _____ Expiration Date: _____

CDL License # _____ Class: _____ State: _____ Expiration Date: _____

Is your vehicle insured? Yes No Insurance Company: _____

Positions which involve handling money:

Have you ever been bonded? Yes No If yes, with what employers: _____

Positions that require licenses or certifications: Accredited by: _____

Professional License/Certification number: _____

References: Provide the complete name, mailing address and telephone number of three references. These should be employment, education or volunteer related references from supervisors, co-workers, business acquaintances, teachers or volunteer contacts. **Relatives or employees of Community Action of Southeast Iowa cannot be used as references.**

1. Name: _____ Phone number: _____ Address: _____ City/State: _____ Zip Code _____ Title/relationship: _____
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2. Name: _____ Phone number: _____ Address: _____ City/State: _____ Zip Code _____ Title/relationship: _____
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3. Name: _____ Phone number: _____ Address: _____ City/State: _____ Zip Code _____ Title/relationship: _____
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Contact with this Agency:

- ◆ Are you or any members of your family currently working for the agency? Yes No
- ◆ Do you or any members of your family serve on our Board of Directors? Yes No
- ◆ Are you or any members of your family on agency committees, policy councils or serve in any advisory capacity for this agency? Yes No
- ◆ Have you ever been employed by this agency? Yes No

If you answered yes to any of the questions above please explain: _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This agency is hereby authorized to make any investigations of my prior educational and employment history and to contact any or all of my references. They are also authorized to make any investigation of statements made in this application. I understand that employment at this agency is "at will," which means that either I or this agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

Signature: _____ **Date:** _____

Community Action of Southeast Iowa

considers applicants for all positions without regard to race, color, creed, national origin, religion, pregnancy, sex, gender identity, sexual orientation, age, physical or mental disability, genetic information, veteran's status, uniformed service, or any other characteristic protected by federal, state or local law.

Community Action of Southeast Iowa

2850 Mount Pleasant Street, Suite 108, Burlington, Iowa 52601 (319) 753-0193

Reference Request

To: _____

Date: _____

From: Sheri Wilson, Executive Director

Subject: Reference Request for _____

Position Applied for: _____

I give permission for you to release information about me and/or my employment record to Community Action of Southeast Iowa.

→ **Applicant's Signature:** _____ **Date:** _____

We have received an employment application at Community Action of Southeast Iowa which gave your name as a reference from the person noted above. The accompanying job description states the requirements for the position. **Please answer the questions below and return this form in the enclosed envelope.** The Freedom of Information Act requires that reference letters be made available to the applicant upon request. Thank you for your time and prompt attention to this request.

How long have you known the applicant and in what capacity? _____

Relationship to applicant: Supervisor Co-Worker Academic Other _____

If you are an employer, what position did the applicant hold? _____

Verify Employment Dates: _____ Eligible for rehire? Yes No

Job Performance: Excellent Good Fair Poor
Attendance Record Regular Irregular Fair Poor

Please write a paragraph including information you have on the applicant's dependability, leadership qualities, ability to work with the poor, ability to work with various age groups, initiative, willingness to learn and any other comments you feel would be position applied for:

Signature: _____

Date: _____