



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. If you need assistance completing this application please let us know and we will make reasonable accommodations.

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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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:** _____
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: _____	
Email Address: _____	

2. Name: _____	Phone number: _____
Address: _____	
City/State: _____	Zip Code _____
Title/relationship: _____	
Email Address: _____	

3. Name: _____	Phone number: _____
Address: _____	
City/State: _____	Zip Code _____
Title/relationship: _____	
Email Address: _____	

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: Trevor A. Kubatzke, Ph.D., 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: _____

Community Action of Southeast Iowa

Equal Employment Opportunity **CONFIDENTIAL INFORMATION**

This form will not be made part of your application. All qualified applicants are considered for employment, and potential employees are treated 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.

We are asking that you please complete the following questions for informational purposes only. This is **OPTIONAL** and needs not be answered unless you are willing to share this information. The information will only be used for equal employment opportunity record keeping and will not be disclosed to any supervisor, which may interview you. This information will be separated from your application before it is processed.

Date: _____

Age Category: 18 – 29 ☐ 30 – 39 ☐ 40-59 ☐ 60+ ☐

Sex: Male ☐ Female ☐ Other ☐

Position(s) Applied For: _____

Race/Ethnic Group:

White ☐ Black ☐ Asian ☐ Hispanic ☐ Alaskan Native ☐

American Indian ☐ Pacific Islander ☐ Other (Specify) _____

Where did you learn about this job opening?

Job Posting ☐ _____

Newspaper ☐ _____

School/College ☐ _____

Agency Employee ☐ _____

Iowa Workforce Center ☐ _____

Other (Please Specify) ☐ _____

Indicate the highest level of education you have completed:

High School/GED ☐ Trade/Vocational School ☐ Associate Degree ☐

College Degree ☐ Advanced Degree ☐