



APPLICATION FOR EMPLOYMENT

The Community Action Agency of Siouxland is in compliance with the Iowa Smokefree Air Act. For more information please see: www.iowasmokefreeair.gov/

(PLEASE PRINT)

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Last First Middle Initial

Present Address \_\_\_\_\_
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Work/Message Phone \_\_\_\_\_

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_

(Please check the appropriate type of employment desired):

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

Have you completed an application at this Agency before? \_\_\_\_\_ Yes \_\_\_\_\_ No
if yes, give date: \_\_\_\_\_

Have you ever been employed at this Agency before? \_\_\_\_\_ Yes \_\_\_\_\_ No
if yes, give date: \_\_\_\_\_

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 Yes, list State: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Supervisor: \_\_\_\_\_

Are you currently or have you ever been the parent of a Head Start child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years of age and legally authorized to work in the United States \_\_\_\_ Yes \_\_\_\_ No

EDUCATION

Do you have a United States high school diploma or GED? \_\_\_\_\_ Yes \_\_\_\_\_ No
If no, what is the highest year you completed and in what country? \_\_\_\_\_

Give technical school, college or university information below if applicable to position for which you are applying:

Name Location Course of Study Degree/Diploma Date Rec'd.

**SKILLS**

Please list any special training or skills you possess that may apply to the position desired: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** List both part-time and full-time jobs. Start with present or last job.

**PRESENT EMPLOYMENT (OR LAST JOB)**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_\_ Last \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Number of Hours Per Week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we conduct a detailed reference check and contact this employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**PREVIOUS EMPLOYMENT**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_\_ Last \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Number of Hours Per Week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we conduct a detailed reference check and contact this employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_\_ Last \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Number of Hours Per Week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we conduct a detailed reference check and contact this employer?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary: Start \_\_\_\_\_ Last \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Number of Hours Per Week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we conduct a detailed reference check and contact this employer?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

AFFIRMATIVE ACTION POLICY \_\_\_\_\_

Community Action Agency of Siouxland believes in the principle and practice of Equal Employment Opportunity and will comply with the letter and spirit of applicable federal, State and local laws and regulations prohibiting employment discrimination on the basis of race, color, creed, religion, sex, national origin, age, disability, sexual orientation, gender identity, or veteran status except where a bonafide occupational qualification reasonably exists necessary to the normal operations of Community Action Agency of Siouxland.

I declare that the statements in this application are true and accurate. I understand that my employment is subject to meeting the requirements of a background check. I hereby give Community Action Agency of Siouxland permission to obtain references regarding my abilities and qualifications for employment and release reference sources from liability concerning information on reference.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMUNITY ACTION AGENCY OF SIOUXLAND  
2700 LEECH AVENUE  
SIOUX CITY, IOWA 51106-1100

**AUTHORIZATION FOR JOB REFERENCE CHECK**

**TWO REFERENCES MUST BE PERSONS WHO HAVE DIRECTLY SUPERVISED YOU**

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

I hereby authorize the above-named reference to answer any job-related questions posed by Community Action in order to further my application process.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

I hereby authorize the above-named reference to answer any job-related questions posed by Community Action in order to further my application process.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

I hereby authorize the above-named reference to answer any job-related questions posed by Community Action in order to further my application process.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## IMPORTANT EMPLOYMENT DISCLOSURES

**Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the receptionist about it before signing).**

\_\_\_\_\_ I hereby authorize Community Action Agency of Siouxland to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Agency any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Community Action Agency of Siouxland, my current and former employers, and all other persons, corporations, partnerships and associations from any and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and pre-employment physical upon request. I understand that refusal to submit or failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

\_\_\_\_\_ If hired, I also agree to submit to alcohol and drug testing as a condition of employment. I agree that Community Action Agency of Siouxland may conduct alcohol and drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between Community Action Agency of Siouxland and me. In addition, I understand and agree that if I am employed, my employment relationship with Community Action Agency of Siouxland is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason at the option of either myself or Community Action Agency of Siouxland, and that no promises or representations contrary to the forgoing and binding on Community Action Agency of Siouxland unless made in writing and signed jointly by the Executive Director.

\_\_\_\_\_ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Community Action Agency of Siouxland benefits, policies and procedures will not alter our at-will and arbitration agreements.

\_\_\_\_\_ I understand that if offered employment, I will as a condition of employment be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the agency's auto insurance, if required for my position. I understand that at any time Community Action has the right to obtain and review a copy of my official driving record. Based on information in the record the employment offer can be withdrawn, or if already employed, immediate discharge could result, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this Application or for immediate discharge if employment, regardless of the time elapsed before discovery.

\_\_\_\_\_ I authorize Community Action Agency of Siouxland and /or its agents, including consumer reporting bureaus to verify any of this information, including but not limited to, a child abuse check and criminal check.

\_\_\_\_\_ I understand that direct deposit of wages is a condition of hire.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this Document.

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Applicant's Signature

Date

### **PRE-EMPLOYMENT DRUG TESTING**

As part of your application for employment at Community Action Agency of Siouxland, you will be required to have a pre-employment drug/alcohol test, at Mercy Business Health Services or at the office of a licensed physician designated by the Community Action Agency of Siouxland.

The Community Action Agency of Siouxland is concerned with the safety, health, and well being of all its employees, as well as the quality and integrity of its services. The use or misuse of alcohol, drugs, narcotics and/or controlled substances is inconsistent with these concerns and therefore we require applicants to undergo a pre-employment test for the presence of alcohol, drugs, and illegal substances. Positive test results will cause rejection of the applicant, unless there are extenuating circumstances; for example, a physician as part of an approved treatment program legally prescribes medications causing the positive result. We therefore require that you complete and sign this Consent and Release form.

### **CONSENT TO PRE-EMPLOYMENT TESTING AND RELEASE OF RESULTS**

I, \_\_\_\_\_, do hereby consent to undergo a pre-employment drug/alcohol test, as part of my application for employment at the Community Action Agency of Siouxland. I understand that further consideration of my application will depend upon results of the drug and alcohol tests.

I further understand that the drug/alcohol tests are to be conducted at Mercy Business Health Services or at the office of a licensed physician designated by the Community Action Agency of Siouxland.

Further, I authorize the hospital, clinic, and/or testing facility to release to Community Action Agency of Siouxland, the results of such tests and I release the hospital, clinic, and/or testing facility, its doctors and medical personnel from any and all liability arising from the release or use of this information.

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Signature

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Date

**COMMUNITY ACTION AGENCY OF SIOUXLAND**  
**CRIMINAL RECORD DISCLOSURE FORM**

1. Have you ever pled guilty (or no contest) to or been otherwise convicted of a felony in any court?

- Yes  
 No

2. Have you ever pled guilty (or no contest) to or been otherwise convicted of a misdemeanor involving a crime of violence or theft in any court? Examples of crimes of violence include, but are not limited to, child abuse, arson, assault, burglary, homicide, robbery, domestic abuse, child neglect, child molestation and other sex offenses.

- Yes  
 No

3. If you are not sure whether the conviction was a felony or misdemeanor, or the conviction was in a foreign court, which does not make this distinction, have you had any conviction?

- Yes  
 No

If Yes," please explain.

4. Have you ever been required to register as a sex offender?

- Yes  
 No

5. Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions such as minor traffic citations.) If yes, include an explanation of the nature of the charge, place, date, and court. ***A pending criminal charge will not automatically bar you from employment.***

- NO             YES            Explanation:

6. Do you have any current or prior arrests relating to child abuse, child neglect, domestic abuse, or any other child crime or sex offence. If yes, include an explanation of the nature of the arrest, place, date, and court. ***A current or prior criminal arrest record will not automatically bar you from employment.***

- NO             YES            Explanation:

If you answered "Yes" to any of the above questions, state the month and year of the conviction and the court. You may also explain the circumstances, but are not required to do so. "Convicted" also includes deferred imposition of sentences unless you subsequently were allowed to withdraw a guilty plea, and there is no record of a conviction as a result.

EXPLANATION (Optional): Attach an additional page if necessary. Please do not use any victim names.

Please submit this completed and signed form to Human Resources as soon as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

COMMUNITY ACTION AGENCY OF SIOUXLAND

**INFORMATION ON CRIMINAL RECORD DISCLOSURE**

Before receiving an offer of employment, potential employees at Community Action Agency of Siouxland are required to sign the Criminal Record Disclosure Form notifying the Agency of certain criminal convictions. A ***"yes" answer will not automatically bar you from employment.***

Convictions in any court (federal, state, county, municipal, or foreign) need to be disclosed. Infractions (such as speeding tickets) need not be disclosed. Only misdemeanors involving a crime of violence or theft including sex offenses as defined above need to be disclosed. However, the Agency may inquire into and verify any other misdemeanors deemed relevant to the position.

Furthermore, if you answer "yes," you will be entitled to explain the circumstances surrounding your answer. The Agency will then determine whether the conviction has any job relevance and will determine whether to offer you the position. An untrue answer could be used as a basis for subsequent termination from employment.

If you have any questions concerning the use of this form, you can contact the Director of Human Resources

Revised 01/13

Rev. 01-13