

APPLICATION FOR EMPLOYMENT

Instructions: It is the policy of Northeast Iowa Community Action Corporation to provide equal opportunity with regard to all terms and conditions of employment. Northeast Iowa Community Action Corporation complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Telephone: _____

Shift preferred: 1 2 3 Any Expected pay _____

Would you accept full-time work: Yes No Would you accept part-time work: Yes No

On what date would you be available for work? _____

Have you ever been employed here? No Yes
If yes, please give dates: _____

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States: Yes No (If yes, proof is required if hired.)

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? No Yes

If yes, please explain _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer: _____
Contact Name: _____
Address: _____ Telephone _____
Job Title _____ Supervisor _____
Dates employed: from: _____ to _____ Hourly rate/salary: starting _____ final _____
Month Year Month Year
Work performed: _____
Reason for Leaving: _____

Employer: _____
Contact Name: _____
Address: _____ Telephone _____
Job Title _____ Supervisor _____
Dates employed: from: _____ to _____ Hourly rate/salary: starting _____ final _____
Month Year Month Year
Work performed: _____
Reason for Leaving: _____

Employer: _____
Contact Name: _____
Address: _____ Telephone _____
Job Title _____ Supervisor _____
Dates employed: from: _____ to _____ Hourly rate/salary: starting _____ final _____
Month Year Month Year
Work performed: _____
Reason for Leaving: _____

Employer: _____
Contact Name: _____
Address: _____ Telephone _____
Job Title _____ Supervisor _____
Dates employed: from: _____ to _____ Hourly rate/salary: starting _____ final _____
Month Year Month Year
Work performed: _____
Reason for Leaving: _____

Educational Background

High School: _____ Location: _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location: _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location: _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location: _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

References

Please indicate at least two references (non relatives). We'd prefer at least one professional reference.

NAME

ADDRESS

PHONE NUMBER

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to Northeast Iowa Community Action Corporation's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or Northeast Iowa Community Action Corporation's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by Northeast Iowa Community Action Corporation. I understand that no Northeast Iowa Community Action Corporation representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, Northeast Iowa Community Action Corporation, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Northeast Iowa Community Action Corporation, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature _____

Date _____

DRIVING RECORD CHECK CONSENT FORM

NAME (**Print as it appears on license**)

ADDRESS

DRIVERS LICENSE NUMBER

I consent to having Northeast Iowa Community Action Corporation check my driving record through the Iowa Department of Transportation.

Signature

TO: **All NEICAC Applicants and Employees**
FROM: Trisha Wilkins, HR Director
RE: Iowa Smokefree Air Act of 2008

This letter is to inform you of the new requirements imposed by the recent Smokefree Air Act of Iowa.

Beginning July 1, 2008, Iowa's Smokefree Air Act was implemented for the purpose to reduce the level of exposure by the general public and employees to environmental tobacco smoke in order to improve the public health of Iowans. These rules apply to public places, places of employment and certain outdoor areas in the state.

Prohibition of Smoking

Smoking is prohibited in any of the following:

- Public Places (restaurants, bars, food service establishments, outdoor sports arenas, amphitheaters)
- Enclosed areas within places of employment
- Vehicles Owned, leased or provided by the employer (some exceptions)
- Certain Outdoor areas

Signage

Signage is required to be posted at every entrance to public places, places of employment, areas declared non-smoking and certain outdoor areas (where smoking is prohibited) that clearly and conspicuously inform persons that they are entering a no smoking facility or area.

Complaints

Any person may register a complaint on violations of the Smokefree Air Act with the Department of Public Health by calling the toll free number, 1-888-944-2247, or registering the complaint on the department's website, www.IowaSmokefreeAir.gov, or downloading a complaint form from the department's website and mailing it to:

Department of Public Health
Division of Tobacco Use Prevention and Control
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

For a full copy of the Act or Administrative Rules or if you have specific questions on this, feel free to contact Human Resources at 563-382-8436, extension 103.

I have read and understand the above policy on the 2008 Iowa Smokefree Air Act.

Applicant Signature

DATE

EARLY CHILDHOOD PROGRAM & FAMILY SERVICES APPLICANTS

Please complete this form and send with your application

I am (check one)

_____ Past Parent of a Head Start Child

_____ Current Parent of a Head Start Child

_____ Neither

CRIMINAL RECORD DISCLOSURE

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 (Iowa Code 237A)? PLEASE INCLUDE ANY DEFERRED JUDGEMENTS EVEN WHEN THE JUDGEMENT HAS BEEN DISCHARGED.

Yes / No (please circle one)

ALL APPLICANTS OFFERED A POSITION WILL BE SUBJECT TO THE POSSIBILITY OF A CRIMINAL RECORDS CHECK AND MUST SATISFACTORILY PASS THIS. I UNDERSTAND AND ACKNOWLEDGE THIS.

Signature

Date

MANDATORY REPORTER

This position requires staff/volunteers to be mandatory reporters. Please sign below indicating you understand this requirement.

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY DATA

To assist us in compiling accurate information to fulfill Governmental requirements, please answer the following questions. Answering these questions is entirely voluntary. This questionnaire will be treated in confidence.

POSITION APPLIED FOR _____

ETHNIC OR RACIAL IDENTITY (Please check only one)

___ **HISPANIC or LATINO** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

___ **WHITE** (Not Hispanic or Latin) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **AMERICAN INDIAN or ALASKAN NATIVE** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **ASIAN** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **BLACK or AFRICAN AMERICAN** (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

___ **TWO or MORE RACES** (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

YES NO VOLUNTARY SELF-IDENTIFICATION INFORMATION

___ ___ **ARE YOU A VETERAN OF THE VIETNAM ERA?** More than 180 days of continuous military service within the period August 5, 1964 to May 7, 1975?

___ ___ **ARE YOU A VETERAN** who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized?

___ **I DO NOT WISH TO ANSWER THESE QUESTIONS.** (Please complete the bottom line and return the questionnaire, even if you choose not to answer the questions above.)

DATE PRINT NAME SIGNATURE