



# 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 Day 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

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): \_\_\_\_\_  
Major/Minor/Course of Study: \_\_\_\_\_

2. Name & Location of school: \_\_\_\_\_  
Degree /Diploma /Certification received (be specific: AA, BA, etc): \_\_\_\_\_  
Major/Minor/Course of Study: \_\_\_\_\_

3. Name & Location of school: \_\_\_\_\_  
Degree /Diploma /Certification received (be specific: AA, BA, etc): \_\_\_\_\_  
Major/Minor/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.**

<b>Employer:</b> _____	<b>Dates employed:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> (____) _____
<b>Supervisor:</b> _____	<b>Hourly wage/Salary:</b> _____
<b>Job Title:</b> _____	
<b>Description of duties:</b> _____	
_____	
_____	
<b>Reason for leaving:</b> _____	

<b>Employer:</b> _____	<b>Dates employed:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> (____) _____
<b>Supervisor:</b> _____	<b>Hourly wage/Salary:</b> _____
<b>Job Title:</b> _____	
<b>Description of duties:</b> _____	
_____	
_____	
<b>Reason for leaving:</b> _____	

<b>Employer:</b> _____	<b>Dates employed:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> (____) _____
<b>Supervisor:</b> _____	<b>Hourly wage/Salary:</b> _____
<b>Job Title:</b> _____	
<b>Description of duties:</b> _____	
_____	
_____	
<b>Reason for leaving:</b> _____	

<b>Employer:</b> _____	<b>Dates employed:</b> _____
<b>Address:</b> _____	<b>Telephone:</b> (____) _____
<b>Supervisor:</b> _____	<b>Hourly wage/Salary:</b> _____
<b>Job Title:</b> _____	
<b>Description of duties:</b> _____	
_____	
_____	
<b>Reason for leaving:</b> _____	

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

---

---

---

---

---

---

---

---

---

---

**Optional:** Describe additional volunteer work, trade, business or civic associations, work shops, short courses, languages, accomplishments, etc. \_\_\_\_\_

---

---

---

---

### Additional Information:

Have you ever been convicted of a felony? Yes  No  If yes, please explain in full: \_\_\_\_\_

---

---

Do you have any pending felony charges? Yes  No  \_\_\_\_\_

Have you ever been charged with any sex related or child abuse related offense? Yes  No  Explain: \_\_\_\_\_

---

---

#### 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. **Your 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: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title/relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title/relationship: \_\_\_\_\_

## 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, religion, creed, gender, national origin, age, disability, marital status or any other legally protected status.



**STATE OF IOWA  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A**

ACCOUNT NUMBER **4251**

**TO: Iowa Division of Criminal  
Investigation**  
  
**Bureau of Identification, 1<sup>st</sup> Floor  
215 E 7<sup>th</sup> Street  
Des Moines, IA 50319  
(515) 725-6066  
(515) 725-6080 (fax)**

**FROM: Community Action of  
Southeast Iowa**  
  
2850 Mount Pleasant Street - Suite 108  
Burlington IA 52601

Phone # 319-753-0193  
Fax # 319-753-0687

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

**REQUEST**

**Last Name**  
(mandatory)

**First Name**  
(mandatory)

**Middle Name**  
(recommended)

**Date of Birth**  
(mandatory)

**Sex**  
(mandatory)

**Social Security Number**  
(recommended)

\_\_\_\_\_  
**Signature of Requester**

*There is a separate Form "A" 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 found

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**STATE OF IOWA  
DHS CRIMINAL HISTORY RECORD CHECK  
FORM B**

**MAIL FORMS TO:** MARSHA MCBEE  
CHILD CARE LICENSING  
IOWA DEPT. OF HUMAN SERVICES  
POLK COUNTY – RIVER PLACE OFFICE  
2309 EUCLID AVENUE • DES MOINES, IOWA 50310  
PH: 515-725-2698 FAX: 515-725-2897

**PURPOSE:**  Child Day Care 237A.5, 237A.20     Adoption 600.8(1)(2)     Child Abuse 232.71  
 Foster Care/Group Foster Care 237.8     Institutions/Facility 218.13     Juvenile Homes 232.142

**REQUEST**

*Center Name and Mailing Address*

I am requesting an Iowa Criminal History (CCH) check on the following:

COMMUNITY ACTION OF SOUTHEAST IOWA  
2850 MT PLEASANT STREET, SUITE #108  
BURLINGTON, IOWA 52601

EMPLOYEE     VOLUNTEER  
 2-Year Recheck

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Maiden/Former Name, any Alias (List All)</b>	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Social Security Number</b>
<b>Date of Birth</b>	<b>Signature of Requester (DHS Employee)</b> <i>Marsha Mc Bee</i>	

DO NOT WRITE IN THIS AREA – FOR DCI USE ONLY

**RESULTS**

As of \_\_\_\_\_ (date) a name and date of birth check revealed:

\_\_\_\_\_ CCH record attached                      \_\_\_\_\_ No CCH record found

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

**WAIVER**  
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

<b>Signature</b>	<b>Date</b>
<b>Address</b>	<b>City, State, ZIP</b>