

# SIouxLAND AGING SERVICES, INC.



## Employment Application

Siouxland Aging Services, Inc. values the contribution of all employees and we are committed to treating all with respect to ensure dignity in the workplace.

Siouxland Aging Services, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, gender, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

## Personal Data

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Other names you may have used in your employment history.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Today's Date

Daytime Telephone Number at which we may contact you: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime (felony, misdemeanor, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please explain:

Do you have a record of founded child or dependent adult abuse in this state or any other state?

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

If "yes", please explain:

How were you referred to Siouxland Aging Services, Inc.? Please circle the number of the most appropriate response.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<i>College</i>	<i>Recruiter</i>	<i>Employee</i>	<i>Adver-</i>	<i>No</i>	<i>Other:</i> _____
<i>Or</i>	<i>Or</i>		<i>tisement</i>	<i>Referral;</i>	
<i>University</i>	<i>Agency</i>			<i>Walk-In</i>	

**Position Preferences**

For what position are you applying? \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week or year)

Schedule desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Could you be available outside of normal work hours periodically? Yes \_\_\_\_\_ No \_\_\_\_\_

What date could you start work? \_\_\_\_\_

Could you travel if required by this position? Yes \_\_\_\_\_ % of Time \_\_\_\_\_ No \_\_\_\_\_

**Previous Employment**

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____
City and State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Position Title: _____
Primary Job Responsibilities: _____
Reason for Leaving: _____
Salary: _____ per Hour Week Month Year (circle one)
Dates of Employment: From: _____ To: _____
May we contact your Employer: Yes ___ No ___

Previous Employer: _____
City and State: _____ Telephone Number: _____
Supervisor's Name and Title: _____
Position Title: _____
Primary Job Responsibilities: _____
Reason for Leaving: _____
Salary: _____ per Hour Week Month Year (circle one)
Dates of Employment: From: _____ To: _____
May we contact your Employer: Yes ___ No ___

Previous Employer: \_\_\_\_\_  
 City and State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Primary Job Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 May we contact your Employer: Yes \_\_\_ No \_\_\_

**Professional References**

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Education**

**High School**

School Name: \_\_\_\_\_  
 City and State: \_\_\_\_\_  
 Degree or # of Years Completed: \_\_\_\_\_  
 Major or Subject: \_\_\_\_\_  
 Grade Point Average: \_\_\_\_\_

**College**

School Name: \_\_\_\_\_  
 City and State: \_\_\_\_\_  
 Degree or # of Years Completed: \_\_\_\_\_  
 Major or Subject: \_\_\_\_\_  
 Grade Point Average: \_\_\_\_\_

**Other Education**

School Name: \_\_\_\_\_  
 City and State: \_\_\_\_\_  
 Degree or # of Years Completed: \_\_\_\_\_  
 Major or Subject: \_\_\_\_\_  
 Grade Point Average: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

\_\_\_\_\_

\_\_\_\_\_

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, gender, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

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List any Computer experience/programs that you have had training in.

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All hiring and employment at Siouxland Aging Services is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Siouxland Aging Services has no specific term and may be terminated by the employee or Siouxland Aging Services with or without notice. I acknowledge that Siouxland Aging Services has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Siouxland Aging Services, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Siouxland Aging Services. I agree to release and hold harmless Siouxland Aging Services from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Siouxland Aging Services may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DISCLOSURE AND NOTICE REGARDING BACKGROUND INVESTIGATION AND AUTHORIZATION FOR INVESTIGATION**

(Please check one) \_\_\_\_\_ Employee (Position applied for: \_\_\_\_\_ )  
 \_\_\_\_\_ Volunteer (Position applied for: \_\_\_\_\_ )

**NOTICE:** \_\_\_\_\_ *Siouxland Aging Services will require a background investigation for all employees and applicants for employment.*

I, \_\_\_\_\_ acknowledge that I have been informed that it is the policy of the Siouxland Aging Services to require a background investigation on all employees and applicants for employment.

I also hereby authorize Siouxland Aging Services and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteer service now and, if applicable, during the tenure of my employment or volunteer service with Siouxland Aging Services.

\_\_\_\_\_ **Credit History (Employee or volunteer initial here, if applicable. This check will be done for volunteers & employees who have access to funds or accounts)**

I release Siouxland Aging Services and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits that arise or could arise from such investigation. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Other Names Used: \_\_\_\_\_  
 Full Name (Please Print): \_\_\_\_\_ SSN: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_  
 State Issuing License: \_\_\_\_\_

**\*NOTE:** *The above information is required for identification purposes only, and is in no manner used as a basis for employment decisions.*

Present Address	How Long?
City / State / Zip Code	
Former Address	How Long?
City / State / Zip Code	

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

**All offers of employment or the opportunity to volunteer will be contingent on receipt of an acceptable background investigation. New employees should not be allowed to start until the background investigation has been completed and approved.**