

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.

1	2	3	4	5	6
<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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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):

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

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

