

Mid-Iowa Community Action, Inc.

*Helping People. Changing Lives.
Building Communities.*

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

POSITION APPLIED FOR _____ Date ____/____/____

Name (AS IT IS PRINTED ON YOUR SOCIAL SECURITY CARD) _____

Address _____

Telephone # () _____ Cell/Beeper/Other Phone # () _____ E-mail Address _____

Please list any other states you have resided in after the age of 18 _____

Referral Source – Please list name

Advertisement:

Newspaper _____ Online Website _____

Iowa Workforce Development _____ MICA Employee _____

College Placement Office _____ Relative _____

Employment Agency _____ Other _____

If necessary, best time to call you at home is.....:____AM/PM

Are you 18 years old or older?.....Yes No

Are you legally eligible for employment in this country? Yes No

Have you submitted an application here before?..... Yes No

If yes, give date(s) and positions(s) _____

Have you ever been employed here before?..... Yes No

Do you have any relatives who are employed here or are serving on the Board of Directors?.....Yes No

If yes, give names: _____

Are you a current or former Early Head Start/Head Start Parent?, Yes No

Date available for work ____/____/____ Employment desired: Full-Time Part-Time Temporary Seasonal Educational

Will you relocate if the job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No Will you work overtime if required? Yes No

If no explain _____

Have you ever been bonded? Yes No

Driver's license number _____ State _____

Any moving violations in the last 5 years? ____ Yes ____ No If yes, please explain: _____

The following questions are only for employees who will be working in the Head Start or Early Head Start programs:

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, time elapsed since the offense, and rehabilitation will be taken into account relevant to the position applied for and the actual circumstances under which the job is performed.

Do you have any pending or prior criminal arrests or charges related to child sexual abuse and their disposition? ___Yes ___No

Do you have any convictions related to other forms of child abuse and neglect? ___Yes ___No

Do you have any convictions of violent felonies? ___Yes ___No

Do you have any conviction of any law in any state? ___Yes ___No

Do you have any record of founded child abuse or dependent adult abuse in any state? ___Yes ___No

Please explain: _____

MICA conducts full Background Checks including a driving record (if applicable) as a condition of employment for all employees. Background check results will be evaluated based on factors such as date of offense, seriousness and nature of the violation, time elapsed since the offense, and rehabilitation relevant to the position applied for and the actual circumstances under which the job is performed.

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, **starting with the most recent**. (Use additional sheets if necessary.) Explain any gaps in employment in comments section below.

THIS SECTION MUST BE COMPLETED FULLY EVEN IF YOU SUBMIT A RESUME.

Employer Name:	Dates employed (Month/Day/Year)		Job Title:
Address, City, State:	From	To	Responsibilities:
Immediate Supervisor:	Final Rate of Pay \$		
May we contact for a reference? Y N	-----		
Telephone # () _____	Average hours worked/week:		
Reason For Leaving			
Employer Name:	Dates employed (Month/Day/Year)		Job Title:
Address, City, State:	From	To	Responsibilities:
Immediate Supervisor:	Final Rate of Pay \$		
May we contact for a reference? Y N	-----		
Telephone# () _____	Average hours worked/week:		
Reason for leaving			

Employer Name:	Dates employed (Month/Day/Year)		Job Title:
Address, City, State:	From	To	Responsibilities:
Immediate Supervisor:	Final Rate of Pay \$		
May we contact for a reference? Y N	-----		
Telephone# () _____	Average hours worked/week:		
Reason for leaving			

COMMENTS (Include explanation of any gaps in employment.)

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background

List Name of School Attended	Years Completed	List Degree or Diploma earned	Major	Minor	GPA (Grade Point Average)
High School:					
College:					
College:					
College/Other:					

References

List name, relationship and telephone number of **two work references**, preferably supervisors, *who are NOT related to you*. If you don't have business/work references, list **three school references (teachers/coaches)** *who are NOT related to you*.

Name	Title	Name of Company	Phone Number

Note: Personal References Will Not Be Accepted

Additional Information

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.

Professional, Trade, Business or Civic Associations and any offices held:

Special Accomplishments, Publications or Awards:

Any additional information you would like us to consider:

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, 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 interviews. I hereby waive any and all rights and claims I may have regarding the employer its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 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 to reapply and fill out a new application.

I understand that MICA is an at-will employer. If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

Printed Name of Applicant _____