

Southeast Iowa Area Agency on Aging, Inc.

509 Jefferson Street
Burlington IA 52601-5427

Southeast Iowa Area Agency on Aging, Inc. does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation or physical or mental disabilities in its employment practices or in the provision of services except where it is a requirement of law.

Employment Application

Our consideration of your potential as an employee of our Agency will be measured, in part, on the completeness of this application. Also, please note, not all applicants will receive a personal interview nor will they receive a response to a submission of an application.

Personal Data

(Please provide complete answers. Include area codes with telephone numbers and ZIP codes with addresses.)

Last Name: _____ First Name/MI: _____

Street Address: _____

City/State/ZIP: _____

E-Mail Address: _____ @ _____

Home Telephone: () _____

Work Telephone: () _____

(List only if we may call you at this location.)

Social Security #: _____ - _____ - _____

Please Indicate When You Would be Available for Work: _____

Are you legally eligible for employment in the United States?..... Yes No

Have you ever applied for employment with us?..... Yes No

Job Interest

(Please list the job(s) for which you are applying in the spaces below.)

Southeast Iowa Area Agency on Aging, Inc. is an
Affirmative Action/Equal Opportunity Employer

Education

(Please provide complete answers. If you have a resume which would provide all of the information requested, you may skip this section on Education by attaching your resume.)

School	Name & Location	Years Completed	Graduate?	Degree Type
High School				
Business/Trade or Technical School				
College				
Graduate School				

References

(Please provide complete answers. On lines 1 & 2 please list WORK references. On line 3 you may list a NON-WORK reference. Give complete names with title, address including ZIP code and telephone number with the area code.)

Name: _____
 ① Address: _____
 City/State/ZIP: _____ Telephone () _____
 Co-Worker Supervisor Other (Specify) _____

Name: _____
 ② Address: _____
 City/State/ZIP: _____ Telephone () _____
 Co-Worker Supervisor Other (Specify) _____

Name: _____
 ③ Address: _____
 City/State/ZIP: _____ Telephone () _____
 Relationship? _____

The section below MUST be signed. It gives us permission to check your references.

I hereby grant my permission to contact any or all of the references listed above for the purpose of determining my qualifications/abilities for the position(s) for which I am applying. I also agree to fully release reporting companies and Southeast Iowa Area Agency on Aging, Inc. from any liability resulting from this verification process. I also understand and agree that these verifications will NOT be available for my review.

Signature: _____ Date: _____

If you are selected for an interview, please be advised that you may be asked to complete a writing sample related to the position(s) for which you are making application.

Employment History

(Please provide complete answers. If you have a resume which would provide all of the information requested, you may skip this section on Employment History by attaching your resume. List most recent first.)

Company Name
Company Address
Supervisor's Name
Job Title & Nature of Work

Current/Most Recent

Telephone () _____
Dates of Employment From: _____ To: _____
Hourly Pay Start: \$ _____ Finish: \$ _____
Reason for Leaving

Company Name
Company Address
Supervisor's Name
Job Title & Nature of Work

Previous to Above

Telephone () _____
Dates of Employment From: _____ To: _____
Hourly Pay Start: \$ _____ Finish: \$ _____
Reason for Leaving

Company Name
Company Address
Supervisor's Name
Job Title & Nature of Work

Previous to Above

Telephone () _____
Dates of Employment From: _____ To: _____
Hourly Pay Start: \$ _____ Finish: \$ _____
Reason for Leaving

Company Name
Company Address
Supervisor's Name
Job Title & Nature of Work

Previous to Above

Telephone () _____
Dates of Employment From: _____ To: _____
Hourly Pay Start: \$ _____ Finish: \$ _____
Reason for Leaving

DO NOT Answer Any Question Below UNLESS the Box Is Checked

If we have checked one or more of the boxes below, the information is needed for a legally permissible reason including without limitation, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Have you ever been bonded? Yes No

If "Yes", with which employer(s)?

Employer: _____
Employer: _____
Employer: _____

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If "Yes", describe in full. _____

State the names of relatives and/or friends working for our Agency.
(If none, so state.)

(Circle One)

Name: _____	Relative	Friend
Name: _____	Relative	Friend
Name: _____	Relative	Friend

All Applicants MUST Sign or the Application Will Not Be Considered!

The information that I have included in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I also understand that if employed, I will consent to a criminal records background check, a dependent adult abuse screening and a check of my driving record. Finally, I understand that Iowa is an "employment at will" state and that an acceptance of an offer of employment does not create a contractual obligation upon Southeast Iowa Area Agency on Aging, Inc. to employ me in the future.

Signature: _____

Date: _____

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