



APPLICATION FOR EMPLOYMENT

Northeast Iowa Area Agency on Aging non-discrimination policy

No person shall be discriminated against in employment or provision of services on the basis of race, national or ethnic origin, age, gender, sexual orientation, gender identity, marital status, veteran status, religion, creed, disability or other characteristic protected by law.

NEI3A is an Equal Opportunity Employer

If you need assistance to fill out this application form, or any part of the application, interview or employment process, please let us know.

Name: _____

Address: _____

_____ Telephone: _____

Position applied for: _____ Date: _____

Desired Wage/ Salary _____

Do you have any relatives working for us? Yes No

If yes, list name and relationship:

Name	Relationship	Name	Relationship
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Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No .

You will be required to provide documentation should you be employed.

Are you available to work: Full-time Part-time Temporary

Are you currently on 'lay-off' status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Your signature below acknowledges your understanding that NEI3A is required to conduct a criminal history, child and dependent adult abuse record check for persons employed by Northeast Iowa Area Agency on Aging. A background check will be conducted prior to confirming a conditional offer of employment.

Signature _____ Date

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with NEI3A? _____

Highest level of education completed: _____

Name and address of institution from which highest degree of education was received:

Work Experience: List your last three employers, beginning with your most recent.

1. Employer Name and Address _____

Telephone number _____

Employed from _____ to _____

Reason for leaving: _____

Name of supervisor and job title: _____

Position held _____ Describe duties and responsibilities:

Wage/ Salary _____

2. Employer Name and Address _____

Telephone number _____

Employed from _____ to _____

Reason for leaving: _____

Name of supervisor and title: _____

Position held _____ Describe duties and responsibilities:

Wage/ Salary _____

3. Employer Name and Address _____

Telephone Number _____

Employed from _____ to _____

Reason for leaving: _____

Name of supervisor and title: _____

Position held _____ Describe duties and responsibilities:

Wage/ Salary _____

May we contact the employers listed above? Yes No

If no, indicate which one(s) you do not wish us to contact: _____

Please provide 3 references who could comment on your work who did not supervise you.

1. Name _____ Title _____
Relationship _____ Years Known _____
Address _____

Phone Number _____

2. Name _____ Title _____
Relationship _____ Years Known _____
Address _____

Phone Number _____

3. Name _____ Title _____
Relationship _____ Years Known _____
Address _____

Phone Number _____

(Please read and sign next page)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release from all liability or damage those individuals, corporations or organizations who provide such information.

This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statement, answers or omissions made by me on this application.

Signature of Applicant

Date

**RETURN COMPLETED APPLICATION TO:
Northeast Iowa Area Agency on Aging
PO Box 388
Waterloo, IA 50704**

This application will be retained for ninety (90) days.

