

SouthEastern North Dakota Community Action Agency

Application for Employment

The SouthEastern North Dakota Community Action Agency considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, lawful off-duty activities, or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Assistant Director at SENDCAA.

Last Name	First Name	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business/Cell Telephone
Have you ever applied for employment with SENDCAA? Yes No If yes, when?			E-mail Address
Have you ever been employed with SENDCAA before? Yes No If yes, when?			Pay Expected
Are you available to work: Regular Temporary Full-time Part-time			What date will you be available to begin work?
Are you legally eligible for employment in the United States? Yes No Proof of citizenship or immigration status will be required upon employment.			Position Applying For
Have you ever been convicted of a felony? Yes No Conviction will not necessarily disqualify an applicant from employment, unless it poses a risk of threat or harm to SENDCAA, its' clientele or its employees. Child Care Center and Head Start applicants will be disqualified (and/or terminated if employed) if convicted of a violent felony, sexual crime, and/or child abuse and/or neglect.			How did you learn about this job? Newspaper Ad Friend Walk-In SENDCAA employee Other
Are you currently employed? Yes No May we contact your current employer? Yes No			Do you have a valid Driver license? Yes No State? _____ Endorsements?

School	Name and Location	Course of Study	Did you graduate?	Degree or Diploma
Graduate			Yes No	
College			Yes No	
Business/ Trade / Technical			Yes No	
High School			Yes No	
Other (Please specify)			Yes No	

EMPLOYMENT

Company Name	Telephone
Address	Employed (State month and year) From To
Name of Supervisor	Hourly rate / Salary Start Finish
Work Performed	Job Title
Reason for Leaving	May we contact this employer? Yes No

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Address	Employed (State month and year) From To
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Are you interested in working for SouthEastern North Dakota Community Action Agency and the skills and aptitudes that qualify you for the position you are applying for.

Please list the type of equipment, computer software packages, machinery, and tools that you know how to use.

State any additional information that relates to the position you are applying for that may be helpful in considering your application. Include professional skills, training, licenses, organizations and/or certificates. Exclude those that disclose race, color, national origin, or any other protected status groups.

References: Please list three references below who are not former employers or relatives.

Name
Address
City, State, Zip
Telephone Number

Name
Address
City, State, Zip
Telephone Number

Name
Address
City, State, Zip
Telephone Number

The information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. Any falsifications, misstatements or omissions of fact on this application will be sufficient cause for cancellation of this application or immediate discharge, if employed, when it is discovered.

I authorize investigation of background and driving records and all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

This Application for Employment will be active only during the recruitment period for the position applied for. Any applicant wishing to be considered for additional positions must apply separately for each position.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between SENDCAA and myself. I also understand and acknowledge that any employment relationship with this organization is “at will”, which means that either the employee or the employer may end the employment relationship at any time, with or without cause. The “at will” relationship may not be changed by any verbal or written agreement unless such change is acknowledged in writing by the Executive Director of this organization. Also, should an offer of employment be extended and accepted, I understand this does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that if hired, I will be required to provide proof of identity and legal work authorization.

I understand that if hired, I must abide by all policies, rules and regulations of the employer. SENDCAA reserves the right to unilaterally rescind or modify policies, rules, and regulations without prior notice.

I understand that if employed by SENDCAA to work with young children (Head Start Program or Child Care), as a condition of employment I must complete, post-job offer, a medical exam and a TB test (or documentation providing the results of a TB test taken within the past two years) and authorize and cooperate with a background check through the North Dakota Department of Human Services/Early Childhood Services Program or another private organization that conducts pre-employment background checks.

I understand that if employed as a Bus Driver or in any other position requiring a CDL, I must comply with the D.O.T. Drug Testing Regulations. I understand that I must submit, post-job offer, to a pre-employment drug screen.

I understand that SENDCAA is an Equal Opportunity Employer and does not discriminate against any applicant or employee on the basis of race, religion, gender, national origin, color, age, disability, marital or veteran status, lawful off-duty activities, or any other legally protected status.

Signature of Applicant

Date

Reference Authorization and Waiver

I specifically authorize SENDCAA to contact all listed references, schools, former employers, and others to verify my application information.

I agree to release SENDCAA and its employees from, and hold it harmless against, any and all liabilities arising out of reference checking on behalf of my Application for Employment.

I agree to release any and all former employers and other individuals contacted to provide a reference for myself from, and hold harmless against, any and all liabilities arising out of reference checking on behalf of my Application for Employment.

Signature

Date

Voluntary Form EEOC Compliance

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, disability or other protected class. No information on this application will be used for the purpose of discrimination.

This company is dedicated to a policy of affirmative action and equal opportunity in employment without regard to race, religion, gender, sexual orientation, national origin, age, veteran or disabled status or any other protected class. Reasonable accommodation will be made as appropriate to enable any employee or applicant for employment to safely and properly perform the job applied for as requested and as appropriate.

The following information is necessary for this company to evaluate its hiring practices and to track its progress and effectiveness in complying with its equal employment policies. This information is voluntary and will be kept confidential insofar as possible. Information provided will not be negatively considered in any part of the selection process.

Sex: Male Female

Age: _____

Date of Birth: _____

Ethnic Background:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Other | |

Signature

Date