

Last Name

Street Address

## **SouthEastern North Dakota Community Action Agency**

## **Application for Employment**

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.

Middle

Date

Home Telephone

First Name

City, State, Zip				Cell Phone
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				When are you 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:
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.				<ul><li>□ Newspaper</li><li>□ Friend</li><li>□ Walk-In</li><li>□ SENDCAA employee</li><li>□ Website</li></ul>
Are you currently employed? □ Yes □ No May we contact your current employer? □ Yes □ No				☐ Yes ☐ No State? Endorsements?
School	Name and Location	Course of	Did you	Degree or Diploma
School	Name and Location	Study	graduate's	
Graduate			☐ Yes ☐ No	
College			□ Yes □ No	
Business/ Trade / Technical			☐ Yes ☐ No	
High School			☐ Yes ☐ No	
Other (Please specify)			□ Yes	

## **EMPLOYMENT**

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

	in working for SouthEastern North Dakota Community Action t qualify you for the position you are applying for.
Please list the type of equipment, computo use.	iter software packages, machinery, and tools that you know how
to use.	
considering your application. Include p	elates to the position you are applying for that may be helpful in professional skills, training, licenses, organizations and/or race, color, national origin, or any other protected status groups.
References:	Please list three professional references
	Please list three professional references
References:	Please list three professional references  Relationship
	•
Name	•
Name Address	Relationship
Name Address	Relationship
Name Address Telephone Number	Relationship  Email Address
Name Address Telephone Number	Relationship  Email Address
Name Address Telephone Number  Name Address	Relationship  Email Address  Relationship
Name Address Telephone Number  Name Address	Relationship  Email Address  Relationship
Name Address Telephone Number  Name Address Telephone Number	Relationship  Email Address  Relationship  Email Address

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 liste verify my application information.	ed references, schools, former employers, and others to		
I agree to release SENDCAA and its employees from arising out of reference checking on behalf of my App	•		
I agree to release any and all former employers and of myself from, and hold harmless against, any and all li my Application for Employment.	ther individuals contacted to provide a reference for labilities arising out of reference checking on behalf of		
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:
Ethni	c Backgro	ound:		
	panic or L ite	ian or Alaska Nativ atino	ve	<ul> <li>□ Black or African American</li> <li>□ Asian</li> <li>□ Native Hawaiian or Other Pacific Islander</li> </ul>
Signat	ture			Date