



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions in accordance with federal, state, county and municipal statutes or regulations concerning non-discrimination on the basis of without regard to race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, associational preference, or any classification that would deprive the person of consideration as an individual. CommUnity is an equal opportunity employer.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be considered otherwise. If there is not enough space on this form to answer a question fully, please attach additional pages.

(PLEASE PRINT)

Date of Application Position(s) applied for

Starting Salary Expected

Referral Source: Advertisement Friend Relative Present/former staff
Employment Agency Other

NAME (First) (Middle) (Last)

Other names under which education or personnel records are kept

Address

City State Zip

Home Phone Alternate Phone

Have you ever been employed by CommUnity before? YES NO

If yes, give date

Are you employed now? YES NO

Do you have any relatives working for the CommUnity? YES NO

Are you legally authorized to work in the U. S.? YES NO

(Proof of identity and employment eligibility will be required upon employment)

Are you available to work: FULL-TIME PART-TIME Date you can begin work

Do you have a valid Iowa Driver's License? YES NO

Can you drive your own car or use public transportation if the job requires it? YES NO

Can you perform the specific/essential functions of the job for which you are applying with or without reasonable accommodation? YES NO

PREVIOUS EMPLOYMENT (starting with most recent)

Company Name _____ From _____ To _____

Address _____ Telephone _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Reason for leaving _____

Company Name _____ From _____ To _____

Address _____ Telephone _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Reason for leaving _____

Company Name _____ From _____ To _____

Address _____ Telephone _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Reason for leaving _____

Company Name _____ From _____ To _____

Address _____ Telephone _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Reason for leaving _____

EDUCATION

Name and Address	Did You Graduate?	Course of Study or Degree Conferred
High School:		
College:		
Other:		

Describe Course of Study _____

Describe Specialized Training or Skills _____

Current Licenses and License Numbers _____

**Note: Copies of transcripts, licenses, certificates may be required if employed.*

BACKGROUND INFORMATION

Important note: Check the box of the proper response for each question below. Answering “yes” to any question will not disqualify you from consideration for employment. We will consider the date and facts of each event listed. However, if you do not tell the truth or list all relevant events, this failure may be grounds for not hiring you or for termination. When answering these questions, you may omit:
1) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; 2) any conviction set aside under the Federal Youth Corrections Act or State Law; 3) any conviction whose record was expunged under Federal or State law; 4) any criminal arrest, investigation or hearing that did not lead to or has not yet led to a conviction; 5) parking tickets.

1. Have you ever been convicted of a felony or have any pending felony charges? YES NO
 (A felony is defined as any violation of law punishable by imprisonment one year or more; a misdemeanor is punishable by imprisonment for less than one year.)

2. Do you have any accidents or moving traffic violations over the past three years? YES NO

*If you answered yes to the above questions, give in detail below or on a separate sheet of paper the following for each violation: 1) date 2) charge 3) place 4) court 5) action taken

PROFESSIONAL REFERENCES

Please provide names of three individuals, other than relatives, whom we may contact for employment.

I hereby authorize _____
to disclose any knowledge or information which he/she thereby acquired relevant to my employment, and I hereby consent that they may disclose such information to CommUnity Crisis Services and Food Bank and release them from liability for disclosing the same.

___ Contact by phone _____
(daytime phone number)

___ Contact by email _____
(email address)

Signature

Date

I hereby authorize _____
to disclose any knowledge or information which he/she thereby acquired relevant to my employment, and I hereby consent that they may disclose such information to CommUnity Crisis Services and Food Bank and release them from liability for disclosing the same.

___ Contact by phone _____
(daytime phone number)

___ Contact by email _____
(email address)

Signature

Date

I hereby authorize _____
to disclose any knowledge or information which he/she thereby acquired relevant to my employment, and I hereby consent that they may disclose such information to CommUnity Crisis Services and Food Bank and release them from liability for disclosing the same.

___ Contact by phone _____
(daytime phone number)

___ Contact by email _____
(email address)

Signature

Date

APPLICANT'S STATEMENT - (Authorization and Understanding)

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize the CommUnity Crisis Services and Food Bank to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application and later during my employment, if I am hired. I understand that the types of investigations which the CommUnity Crisis Services and Food Bank may perform include reference checks including personal, criminal background, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the CommUnity Crisis Services and Food Bank to furnish any information relevant to my application for employment except health and/or disability information and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information as authorized. I also waive all written notice from all prior employers related to providing such information.

I understand that if, during the reference process, an unfavorable result occurs, I may be disqualified as an applicant. I also understand that I will be notified of the result and be given the name and address of the reporting agency.

I consent to all medical examinations and drug and alcohol testing which may be required, both during the selection process and throughout employment, if I am hired.

I understand and agree that if I am hired, employment is "at will" and that either I or CommUnity can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an "at will" status of employment are canceled. Further, I understand that only the Executive Director has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Executive Director and me.

In consideration of my employment, I agree to conform to the rules and policies of CommUnity and will sign an employee agreement to uphold confidential information.

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

Signature of Applicant

Date

***THIS PAGE LEFT BLANK ON PURPOSE
SCROLL TO NEXT PAGE***

Complete the **REQUEST** box with all required information.
Read, sign and date the **WAIVER** (bottom of page).

ACCOUNT NUMBER: 4105-FC

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 725-6066 (Voice - Days)
(515) 725-6080(Fax)

FROM: CommUnity Crisis Services and Food Bank
1121 Gilbert Ct, Iowa City, IA 52240
(319) 337-3586 (Fax)
(319) 351-2726 (Phone)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

X _____ X _____ _____
Last Name (Mandatory) First Name (Mandatory) Middle Name
(Recommended)

X _____ X _____ X _____
Social Security Number (Mandatory) Date of Birth (Mandatory) Gender (Mandatory)

CommUnity Crisis Services and Food Bank

Signature of Requestor

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a name and date of birth check revealed:
Date

CCH record attached No CCH record found DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

X _____ X _____
Signature Date