



Northwest Aging Association

714 10th Avenue East, PO Box 213

Spencer, Iowa 51301

Application for Employment

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status, except as required by law.

		Date:
NAME (Last) (First) (Middle)		
ADDRESS		TELEPHONE Home ()
CITY, STATE, AND ZIP CODE		Business ()
E-MAIL ADDRESS		Other ()
Position Applied for:		
Date available to start:	Available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Do you have any relatives employed by NAA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give names/positions _____	Have you ever been employed with NAA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date/position _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment.)</i>		
Do you have a valid IA drivers license? <small>(if required for job)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____	Can you travel if/when job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Conviction will not necessarily disqualify an applicant from employment.)</i> If yes, please explain _____ _____		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____	



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Application for Employment (continued)

EDUCATION HISTORY			
	Name of Institution	City/State/Zip	Graduated/Degree/Certificate
HIGH SCHOOL			
VOCATIONAL SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER/Special Training			

WORK EXPERIENCE (begin with your most current position)			
1. Company Name/Location:	Position/Duties:	From Month/Year	To: Month/Year
Name/Title of Supervisor:	Salary:	Reason for Leaving:	
2. Company Name/Location:	Position/Duties:	From Month/Year	To: Month/Year
Name/Title of Supervisor:	Salary:	Reason for Leaving:	
3. Company Name/Location:	Position/Duties:	From Month/Year	To: Month/Year
Name/Title of Supervisor:	Salary:	Reason for Leaving:	
4. Company Name/Location:	Position/Duties:	From Month/Year	To: Month/Year
Name/Title of Supervisor:	Salary:	Reason for Leaving:	
5. Company Name/Location:	Position/Duties:	From Month/Year	To: Month/Year
Name/Title of Supervisor:	Salary:	Reason for Leaving:	
Please explain gaps in your employment record (if applicable):			

May we contact the employers listed above? Yes No
 If no, indicate which one(s) you do not wish us to contact _____



Northwest Aging Association Application for Employment (continued)

Basic Technology Skills: check which items you have working skills in: (not all skills are necessary for all positions.)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Publisher/Desktop Publishing | <input type="checkbox"/> Internet/Web |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Access/Database | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Copy machine/printer | <input type="checkbox"/> Multi-line phone system |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Networking | <input type="checkbox"/> Typing/keyboarding |

What other software/hardware products are you familiar with?

Other skills or qualifications you may have that would benefit Northwest Aging Association:

Optional

Personal References (not former employers or relatives)

Name	Address/City/State/Zip	Phone #
1.		
2.		
3.		



Northwest Aging Association
Application for Employment (continued)

(Please read and sign)

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 sixty (60) 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 an authorized executive of this organization specifically acknowledges such change in writing.

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: Northwest Aging Association
714 10th Avenue East
PO Box 213
Spencer, IA 51301

This application will be retained for sixty (60) days.

