



# INTER-LAKES COMMUNITY ACTION PARTNERSHIP

PO Box 268 • 111 N Van Eps Ave • Madison, SD 57042  
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## APPLICATION FOR EMPLOYMENT

Please PRINT or TYPE • Complete full form even if resume is attached.

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age or handicap.  
Inquiries regarding non-discriminatory policies in employment may be directed to the EEO Officer.  
This application will remain active for 60 days. To be considered after 60 days will require filling out another application.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street or Box City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you under age 18? Yes  No

Are you a current or former Head Start or Early Head Start parent? Yes  No

Have you filed an application here before? Yes  No  If yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give date \_\_\_\_\_

What was your job title? \_\_\_\_\_

Are any members of your immediate family working with Inter-Lakes Community Action Partnership as an employee or in an advisory capacity as a board member or policy group?  
Yes  No  If yes, explain \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes  No  If no, explain: \_\_\_\_\_

When could you begin employment? \_\_\_\_\_

List the names, addresses and telephone numbers of 3 references who are not related to you and are not previous employers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your PRESENT OR MOST CURRENT job. List each promotion as a separate job.  
If you need more space, attach additional sheets.

1. Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
Number of Employees You Supervised \_\_\_\_\_  
Average Hours Worked a Week    1 - 10     11 - 20     21 - 30     31 - 40   
Reason for Leaving \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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2. Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
Number of Employees You Supervised \_\_\_\_\_  
Average Hours Worked a Week    1 - 10     11 - 20     21 - 30     31 - 40   
Reason for Leaving \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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3. Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
Number of Employees You Supervised \_\_\_\_\_  
Average Hours Worked a Week    1 - 10     11 - 20     21 - 30     31 - 40   
Reason for Leaving \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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May we contact employers listed above?    Yes     No     If no, explain \_\_\_\_\_

**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS BOX IS CHECKED**

If the employer has checked the box next to the question, the information is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals.

|   |  |
|---|--|
| ✓ | Are you able to be bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| ✓ | Have you been convicted of a criminal offense in the last 5 years, excluding offenses that have been annulled, expunged or sealed by the court? Record of conviction does not disqualify applicant from employment consideration. All factors will be considered.<br>If yes, explain: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ✓ | Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If no, explain:<br>If yes, list driver's license number:<br><br>Do you have any restrictions on the license? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, explain:  |
| ✓ | Have you had a reckless driving or DWI conviction in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, explain:  |
| ✓ | Do you have more than one driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| ✓ | Do you have a car available to use on the job? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| ✓ | Can you travel within our service area? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, what counties?   |
| ✓ | Can you travel outside our service area? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| ✓ | Other:   |

## EDUCATION AND TRAINING

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. If you need more space use additional paper.

(Check the last year of education completed 1 through 18.)

|   | Elementary   | High School  | College/Univ/Trade                                       | Graduate/Professional                                    |
|---|--|--|--|--|
| School Name   |  |  |  |  |
| Years completed   | 5 6 7 8  | 9 10 11 12   | 1 2 3 4  | 1 2 3 4  |
| Did You Graduate?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diploma/Degree  |  |  |  |  |
| Describe Course of Study  |  |  |  |  |
| Describe specialized training, apprenticeship, skills, extra-curricular activities, workshops and internships |  |  |  |  |
| Honors Received   |  |  |  |  |

List any relevant certificates, licenses or registrations you possess or are eligible for, if any. Include expiration dates and registration or license numbers.

## **SPECIAL SKILLS AND QUALIFICATIONS**

Summarize Special Skills and Qualifications acquired from employment or other experiences.

List volunteer activities that have provided you with skills and qualifications for this job. If you need more space attach additional sheets. Exclude organizations' names which indicate race, color, religion, sex, or national origin.

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### **PLEASE READ BEFORE SIGNING**

I understand and agree that by signing this application:

I am certifying that the information is true, correct and complete to the best of my knowledge and belief. I understand that misrepresentations, falsifications, or omission of facts called for in this application is cause for cancellation of this application or termination of employment.

I authorize the investigation of all information I have provided in my application for employment, related papers, and oral interviews. I am releasing from liability any person giving or receiving such information.

I understand this is an application for employment and that no employment contract is being offered.

In the event of my employment, I will comply with all agency rules and regulations set forth in the agency's Employee Policies and Procedures Handbook or other communications distributed to all employees.

I understand that, if I am employed, such employment is at-will, for an indefinite period of time, and Inter-Lakes Community Action Partnership can change wages, benefits, and conditions at any time. Employment may be terminated with or without cause at any time, at the option of either the employee or the Agency.

I have read and understand the above statements.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR EMPLOYERS USE ONLY**

Reference Check

| Person Contacted | Results |
|------------------|---------|
|                  |         |

Interview Results

Date Interviewed \_\_\_\_\_

Employ Yes  No

Date to Begin Work \_\_\_\_\_

Wages Hired At \_\_\_\_\_

Hours per Week \_\_\_\_\_

Effective Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Program \_\_\_\_\_

Interviewers Names and Comments:

# EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

Inter-Lakes Community Action Partnership is an equal opportunity employer. The attached information is requested for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Date \_\_\_\_\_

Position applied for: \_\_\_\_\_

Sex  Male  Female

Age Group  Under 18  18-22  23-29  30-39  
 40-49  50-59  60-69  70 or older

Race  White  Black  Hispanic  
 Asian or Pacific Islander  American Indian or Alaskan Native

How did you learn about this position? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I choose not to be included in the Inter-Lakes Community Action Partnership Affirmative Action Program.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT ONLY

Position applied for is open: Yes  No

Comments \_\_\_\_\_

Date \_\_\_\_\_

(Detach Prior to hiring Personnel Viewing Application and Place in "Applicant Data" File)

**TO ALL EMPLOYEES:**

Employees of ICAP driving their car in connection with agency business must submit a certificate of insurance showing minimum limits of liability of \$100,000/ \$300,000 Bodily Injury, \$100,000 property damage, or \$300,000 Single Limit. Any cost is employee's responsibility.