



Dear Applicant:

Thank you for applying with Eastern Idaho Community Action Partnership (EICAP). Your expressed interest with our Company is greatly appreciated. Enclosed in your EICAP application packet is:

- EICAP Application
- Criminal History Check Consent Form
- Drug Testing Consent Form.
- Copy of Job Description

Applications must be filled out completely. Any incomplete application packet will not be considered for the position. Applicants will be contacted by the Human Resource Office to schedule an interview.

If you have any questions, please feel free to contact me at 208-522-5391, ext. 1016.

I look forward to talking with you in the near future.

Best of Luck,

Melissa Krieger
Human Resource Director

EMPLOYMENT APPLICATION

Eastern Idaho Community Action
Partnership
1585 N Skyline Drive - P.O. Box 51098
Idaho Falls, ID 83405
208-522-5391 Fax 208-522-5453



Today's Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Other Phone (if applicable): _____

What position are you applying for? _____

Date available? _____ Email Address: _____

Who referred you to our agency?

- Newspaper EICAP Website DOL Website Head Start Center
 Haven Facility MSHH Job Site EICAP Housing Site Other: _____

APPLICATION INSTRUCTIONS

1. Please read "APPLICANT NOTE" below.
2. Complete all pages of this application.
3. If more space is needed to complete any question, please include additional pages.
4. Print clearly. Incomplete or illegible applications will not be processed.
5. Please note "Not Applicable" if not answering a question.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this application are grounds for terminating the application process or, if discovered after employment, terminating employment. E.I.C.A.P. provides equal employment opportunity to all persons without regard to age, disability, national origin, race, religion, sex, marital status, or veteran status. If an offer of employment is made, prior to beginning work you may be required to complete information for a background check. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. **If this is a Head Start position application, you will be required to obtain a Physical and a Tuberculosis screening, if you are hired.** This is not an employment contract and should not be construed as such. EICAP is an at-will employer; with appropriate notice, an employee will have the full and complete discretion to end the employment relationship when they choose and for reasons of their choice. Similarly, EICAP has the same right.

E.I.C.A.P. will hold this completed application for 30 days.

We will accept a resume with this application, but not as a substitute for it.

E.I.C.A.P. will only accept applications and resumes if there is a position open in our agency.

AN EQUAL OPPORTUNITY EMPLOYER



Valid Drivers License Number: _____ State Issued: _____

1. Are you a past or current Head Start parent? Yes No

2. Are you willing to work any shift, including nights and weekends? Yes No

If no, please state any limitations: _____

3. Is there anything which would interfere with your regular attendance and punctuality if you are offered the job? Yes No

If yes, explain: _____

4. Have you applied and/or worked at E.I.C.A.P. before? Yes No

If yes, when? _____

5. Do you have a relative currently working at E.I.C.A.P.? Yes No

If yes, who? _____

6. Are you legally eligible for employment in the United States? Yes No

If offered employment, you will be required to provide documentation to verify eligibility.

7. Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, explain: _____

(A conviction will not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

JOB-RELATED SKILLS

Can you perform the essential functions of this job without reasonable accommodations? Yes No

If no, what accommodations will be necessary?

Please list any job related skills, licenses or certificates that you feel would be of value to this job or company.

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name: _____

School Name

City/State

Graduated?

Degree/Major list

| | | | |
|-------------|--|--|--|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name

Phone

Years Known

Relationship

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

COMMENTS

(Use additional page, if necessary) _____

PREVIOUS EMPLOYMENT

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No
 If yes, may we contact? Yes No

Company Name _____

City _____

State _____

Phone () _____

Fax () _____

Supervisor Name _____

Your Job Title _____

Salary _____ per
(hour/week/month)

Duties of Position _____

Dates Employed _____ to _____

Reason for Leaving _____

SECOND MOST RECENT EMPLOYER

Company Name _____

City _____

State _____

Phone () _____

Fax () _____

Supervisor Name _____

Your Job Title _____

Salary _____ per
(hour/week/month)

Duties of Position _____

Dates Employed _____ to _____

Reason for Leaving _____

THIRD MOST RECENT EMPLOYER

Company Name _____

City _____

State _____

Phone () _____

Fax () _____

Supervisor Name _____

Your Job Title _____

Salary _____ per
(hour/week/month)

Duties of Position _____

Dates Employed _____ to _____

Reason for Leaving _____

I certify that I have read and understand the APPLICANT NOTE of this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability or any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited.

Signature _____

Date _____

**Eastern Idaho Community Action Partnership
Criminal History Check**

All acceptable applicants for the position for which you have applied must successfully pass a criminal history check. In order to make the proper identification, the following information is necessary; Human Resources will not be responsible for omission of information needed to obtain an accurate record check. A conviction may or may not be grounds for disqualification. Each case will be considered individually.

Position Applying for: _____

Last Name

First Name

Middle Name

Alias Names (Include Maiden/prior Married Names)

Please list the name of any city or town in which you have lived during the last five years:

City, State

City, State

City, State

City, State

Criminal History Check
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In the space below, please list **ANY** misdemeanor and felon offenses, including D.U.I. for which you have been convicted or received a withheld judgment **within your lifetime**. Some juvenile offenses for which an individual is charged as an adult (tobacco, alcohol, and drug charges) and traffic citations or moving violations such as inattentive driving may fall into this category; it is the applicant's responsibility to verify the accuracy of the information contained within the record.

| <u>Approximate Date</u> | <u>City/State</u> | <u>Offense or Violation</u> |
|-----------------------------|-------------------|-----------------------------|
|-----------------------------|-------------------|-----------------------------|

I authorize Eastern Idaho Community Action Partnership to receive any and all information concerning myself related to my criminal records, and I understand that any of the above requested information not listed which appears on the background check will automatically disqualify me on the basis of falsification of the application.

Applicant's Signature

Date

DRUG TEST CONSENT FORM

NOTICE AND AUTHORIZATION FOR JOB APPLICANT DRUG TESTING

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, Eastern Idaho Community Action Partnership (EICAP) screens job applicants for the presence of illegal drugs. A negative drug test is a condition of employment at EICAP. Applicants refusing to take a pre-employment drug test will not be considered for employment at EICAP. Furthermore, positive test findings will result in an offer of employment being withdrawn (or termination if the results are received after your start date).

Submitting an altered urine sample will be treated as positive test result.

CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree and consent to EICAP policy as stated above.

I AUTHORIZE EICAP, its physician(s), nurses, technicians or agents to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my application for employment at EICAP will be made from the result of this test.

I CONSENT to this test for drugs and authorize the attending physician and testing laboratory to provide test results to EICAP. In consideration for your review of my application, I hereby release EICAP, its affiliates, agents and employee from any liability resulting from employment decisions made from the results of this test.

Applicant's Signature

Date

Print Name