



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 208-522-5370, ext. 1016.

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

Best of Luck,

Melissa Butler  
Human Resource Director

## EMPLOYMENT APPLICATION

Eastern Idaho Community Action  
Partnership  
935 Lincoln Road - 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

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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</u> <u>Date</u> _____	<u>City/State</u>	<u>Offense or Violation</u>
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**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.

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Applicant's Signature

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Date

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Print Name