



**BOYS AND GIRLS HOME AND FAMILY SERVICES, INC**  
and its subsidiaries

2101 Court Street  
P.O. Box 1197  
Sioux City, IA 51102  
712 - 293 - 4700

**\*If mailing this application, it will require extra postage**

**APPLICATION FOR EMPLOYMENT**

**To Applicant:** We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future openings.

Answer each question clearly and completely. If more space is required, use separate sheets of paper. All applicants will receive consideration without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.



**PERSONAL DATA**

Date of Application \_\_\_\_\_

First Name	MI	Last	Social Security #
Street Address/P.O. Box			Home Phone ( )
City, State, Zip			Business/Message Phone ( )
E Mail Address			Cell Phone ( )

How did you hear about this job? Circle all that apply: Newspaper Radio Website Friend  
Campus Recruitment Current Employee Walk in Employment Agency Relative Other

Position(s) Applied For: \_\_\_\_\_

Work Desired:  Full-time  Part-time  Summer

On what date would you be available to work? \_\_\_\_\_

What hours are you available to work? \_\_\_\_\_

Have you ever worked for this Agency or any of its subsidiaries?  Yes  No

If yes, please list dates, position and location. \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

If yes, give date(s) \_\_\_\_\_

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

Do you possess a valid driver's license?  Yes  No


**EMPLOYMENT**
**If different than on resume submitted:**

Please start with your present or last employer. Military service and relevant volunteer activities can be included. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Telephone (    )
Address	Employed From:                      To:
Job title	Salary Start:                      Final:
Supervisor	May we contact Employer?
Reason for leaving	Last name, if different
Describe work performed	

Employer	Telephone (    )
Address	Employed From:                      To:
Job title	Salary Start:                      Final:
Supervisor	May we contact Employer?
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Employer	Telephone (    )
Address	Employed From:                      To:
Job title	Salary Start:                      Final:
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Reason for leaving	Last name, if different
Describe work performed	



## EDUCATIONAL BACKGROUND

Complete if different than resume submitted.

School	Name and Address	Years Completed	Identify Degree Earned	Major	Minor
High School		9 10 11 12			
Business/Trade/Technical		1 2			
College or University		1 2 3 4			
Graduate/Professional		1 2 3 4			



## SKILLS DATA

Please answer if applicable to the position for which you are applying.

Office skills: Typing/Speed \_\_\_\_\_

Please list other office and or data processing equipment which you can operate.

Computer skills:  Advanced  Average  Little  None

Software programs utilized: \_\_\_\_\_

Summarize other special skills, training and/or qualifications acquired from employment or other experiences. (CPR, first aid, languages, machine operation, etc.)



## REFERENCES

Please list six **professional** references whom we may contact.

Name	Address	Day Telephone	Occupation or Reason for Knowing



**STATEMENT**

1. Have you ever been **investigated** for child or dependent adult abuse?

YES  NO If Yes, please explain below.

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2. Have you ever been **confirmed but not registered** on a child or dependent adult registry?

YES  NO If Yes, additional information will be required for consideration.

3. Have you ever been **confirmed and placed** on a child or dependent adult registry?

YES  NO If Yes, you cannot be employed without proof of expungement.

4. Have you ever been **convicted** of a crime in this state or any other? (Not including traffic violations)

YES  NO If Yes, please explain below. Variance by the state may be necessary

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If you answered yes to **question 3**, you can not be considered for employment without proof of expungement from the registry or yes to **question 4** will need a variance from the state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**AGREEMENT**

I declare that the statements in this application are true and accurate. I understand that my employment is subject to the results of a physical examination, tuberculosis (TB) screening and satisfactorily meeting the requirements of child abuse and criminal record background checks.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, nor is it intended to be, a contract of employment.

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 Boys and Girls Home and Family Services, Inc. and its subsidiaries.

I hereby give Boys and Girls Home and Family Services, Inc. and its subsidiaries permission to obtain references regarding my abilities and qualifications for employment, background checks and release reference sources from liability concerning information on reference.

**If I am employed, I understand that my employment is “at will” and for an indefinite duration that can be terminated with or without cause and with or without notice at any time either by Boys and Girls Home and Family Services, Inc. and its subsidiaries or by me. I further understand that my employment is at will regardless of any statement made by a Boys and Girls Home and Family Services, Inc. and its Subsidiaries supervisor or other official or agent or in a Boys and Girls Home and Family Services, Inc. and its Subsidiaries policy, practice, handbook, program, or any other written or oral materials. I understand that no representatives other than the President and CEO or the Vice President of Human Resources of Boys and Girls Home and Family Services, Inc. and its subsidiaries have the authority to make agreements with me concerning the length of my employment. Such agreements must be in writing and signed by either the President and CEO or the Vice President of Human Resources and me.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**BOYS AND GIRLS HOME AND FAMILY SERVICES, INC. AND ITS SUBSIDIARIES**

SD \_\_\_ TH \_\_\_

**EXPERIENCE VERIFICATION**

To be considered for an entry-level position, a lateral or promotional move, you must first meet agency qualifications. Filling out the information below in full detail will help us in making a decision. Leaving an area blank may result in delays when applying for any position.

**Position and Qualifications:**

Supervisor/ Social Worker- Must have at least a four-year degree in a human services field with no less than two years of full-time experience working with youth.

Residential Counselor- Must have at least a two or four year degree in a human services field or at least one-year full-time experience working with youth.

**POST SECONDARY DEGREES OBTAINED** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RELEVANT INFORMATION OF EXPERIENCE:**

Information given must reflect full-time, part-time, volunteer or paid experience working with youth 20 or younger. Experience may include such experience as Big Brothers Big Sisters, coaching, baby-sitting, etc. **NOTE:** Teaching and internship experience cannot be considered.

Position/Title	Full-time Part-time	Person to contact that would verify hours	Phone # of contact person	Estimated # of Service Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All information presented on this form has been voluntarily given and is accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## APPLICANT DATA RECORD

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. This information will not be considered in regard to employment decisions. We appreciate your cooperation.

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition or disability. We comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Please print

Position(s) applied for:

\_\_\_\_\_

Referral Source:  Advertisement  Friend  Campus Recruitment  Relative

Walk in  Employment Agency  Current Employee

Other \_\_\_\_\_

Last Name	MI	First Name	Date
Street Address			Social Security #
City, State, Zip			Home Phone

### **Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one:  Female  Male

Check one of the following:  African American/Black  American Indian/Alaskan Native

Asian/Pacific Islander  Caucasian/White  Hispanic

Check if any of the following are applicable:

Disabled Veteran  Vietnam Veteran  Disabled Individual



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and its Subsidiaries**

**Driving Record Check**

I have been informed that the Agency's insurance carrier will be conducting a check of my driving record. The information received will determine my eligibility for driving any Agency vehicle. \*If you have been **convicted within the last 5 years of DUI/DWI or any related violation**, you will not be eligible to drive or transport clients for agency business.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**State**

To the best of my knowledge, I know of nothing that would prohibit my insurability.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**