



Application for Employment

Sequel Youth and Family Services is an Equal Opportunity Employer

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):		
Street Address:		City, State & Zip:	
Social Security Number:	Primary Phone:	Alternative Phone:	Email Address:
Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a criminal charge pending against you? (Including DUI/DWI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give details:	
<p>Have you ever been convicted of, pled guilty, had prosecution deferred, or plead no contest, to a felony or misdemeanor or been a founded perpetrator in any incident(s) involving the mistreatment, molestation, abuse, neglect or exploitation of a child (or children)? Include convictions of DUI/DWI and driving with a suspended license. (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense the position(s) applied for may, however, be considered.)</p> <p>You are not required to disclose any erased, expunged, or pardoned convictions.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when:			
Where:			
Please explain circumstances:			
Have you ever been employed by Sequel Youth and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Dates: From _____ To _____	
		Department:	
Do you have anyone related to you now in the employment of Sequel Youth and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Name(s): _____	
		Department(s): _____	

Only U.S. Citizens or aliens who have the legal right to work in the United States are eligible for employment. If you are employed here, can you provide proof of your identity and legal right to work in the United States? YES NO
(Circle One)

MILITARY SERVICE

Have you ever served in any branch of the United States military and/or reserves? Yes No

If YES, Branch of Service:

Period of Active Duty:

Highest Rank Held:

Did you receive either a "bad conduct discharge" or "dishonorable discharge" from the military? Such a discharge will not necessarily disqualify you from the job for which you have applied.

Yes No

If YES, please explain circumstances:

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree Type	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Undergraduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate/Professional:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Certification/Licensure

Please list all Professional Organizations and Associations:

Please list all Professional Certification and Licensure (organization, type, expiration):

HAVE YOU BEEN SUBJECT OF ANY ADVERSE ACTION(S) BY ANY DULY AUTHORIZED SANCTIONING OR DISCIPLINARY AGENCY FOR EITHER CONDUCT BASED OR PERFORMANCE BASED ACTIONS?

IF YES, PLEASE EXPLAIN.

SKILLS/EXPERIENCE

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK HISTORY

Please list at least two previous employers even if you have provided a resume. Please take your time completing this section of the application. The information provided by you in this section will be used to qualify you for employment. Failure to do so will limit your ability for employment.

1. Most recent employer:

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

2.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

3.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

Discuss here any reason for lapse of employment:

EQUIVALENT WORK HISTORY SECTION

Indicate the specific job in your work history; equivalent to the position being applied for.

Your full completion of the application will be the basis for employment consideration.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH/WITHOUT REASONABLE ACCOMMODATION? Yes No

If no, describe the functions that cannot be performed (Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

REFERENCES

Please provide four professional references (i.e. Supervisors, Co-workers, Teachers, etc.)

Name	Address	Phone Number	Relationship	Email Address (if known)

ADDITIONAL INFORMATION

Minimum Salary Desired: _____

When will you be available to begin work? _____

How did you find out about this position (employee name/company)? _____

Which job status/shift would you accept? (Please check all that apply)

Status

- Full-Time
- Part-Time
- PRN/As Needed
- Flex Time
- Temporary
- Day (7am-3pm)
- Evening (3pm-11pm)
- Night (11pm-7am)
- Weekend

Carefully Read this Section Prior to Providing Acknowledgement Below.

I hereby affirm that information provided within this application, accompanying resume and all other supplemental information is **true and complete**. I acknowledge that any false or otherwise misleading representations or omissions made on said documents may disqualify me from further consideration for employment and may result in **discharge** even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination, and post-hire drug screen as a condition of employment. Additionally, I understand that a criminal background review and drivers motor vehicle report may be obtained to satisfy employment requirements.

I hereby authorize persons, schools, current employers, previous employers and organizations to provide Sequel Youth and Family Services and/or affiliates with any requested information pertaining to my application or suitability for employment. I **release all such persons or entities** from any and all liability related to the providing or use of such information.

I understand that my **employment is at-will** which means that I am free to terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any contrary agreement to the proceeding sentence, except for a written agreement signed by Sequel Youth and Family Services' Chief Executive Officer and notarized.

My typed name below shall have the same force and effect as my written signature.

Applicant Signature: _____ Date: _____



STATE OF IOWA Criminal History Record Check Request Form



To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

DCI Account Number: _____
(if applicable)

From: Sequel Youth Services
of Woodward
1251 334th St.

Woodward, IA 50276

Phone: 515.438.3481

Fax: 515.438.3756

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.</p>		
<p>Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.</p>		
<p>Waiver Signature: _____</p>		

<p><u>Iowa Criminal History Record Check Results</u></p>	<p>(DCI use only)</p>
<p>As of _____, a search of the provided name and date of birth revealed:</p>	
<p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p>	
<p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p>	
<p>DCI initials _____</p>	

REQUEST FOR CHILD ABUSE INFORMATION

Persons or agencies with authorized access to child abuse information must use this form to request information about a registered child abuse report. Complete a separate form for each family or individual.

SECTION I: To be completed by the person or agency requesting the information.

Requester: Last WOODWARD First ACADEMY or Agency Name			Telephone Number (515)-438-3481	
Street 1251 334th Street		City Woodward	State IA	Zip Code 50274
Relationship to the persons listed in Section II or III: Employer				
I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. I understand that this request will not be approved unless I have authorized access.				
Signature of Requester Marcia Dodds			Date	

Complete Section II if the purpose of this record check is employment, licensing or registration, or payment approval.

SECTION II: List the name and address of the person whose record is being checked.

Last		First	Middle	Birth Date		Social Security Number	
Street			City	County	State	Zip Code	
List maiden name, any previous married names, and any alias:							

Complete Section III if the request is for a copy of the written summary of the abuse investigation or assessment.

SECTION III: Request for written summary.

Parent's Name(s): Last		First	Middle	County	Birth Date	Social Security Number	
Street			City	State	Zip Code		
List maiden name, any previous married names, and any alias:							
Children's Name(s) (Attach additional pages if necessary):							
Last		First	Middle	County	Birth Date	Social Security Number	

SECTION IV: Registry or designee decision.

- This request for information is approved.
- This request for information is denied because:

Signature	Date
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WOODWARD COMMUNITY BASED SERVICES
611 5th Avenue, Ground Level
Des Moines, Iowa 50309

DISCLOSURE STATEMENT

CHILD ABUSE AND/OR CRIMINAL RECORDS

I hereby swear and affirm I have never been convicted of a crime, nor been a founded perpetrator in any incident(s) involving mistreatment, molestation, abuse, neglect or exploitation of a child (or children).

Furthermore, I acknowledge and give my permission for WA Community Based Services to request a records check from the Department of Public Safety, the Police Department, and the Department of Motor Vehicles to determine if I have been convicted of a crime involving the mistreatment, molestation, abuse, neglect or exploitation of a child or other relevant criminal involvement.

I also give my permission for Woodward Community Based Services to check with the Iowa Central Child Abuse Registry for any complaints, investigations, or information they may have on file. I further understand that this information will be used for the sole purpose of determining eligibility for employment or continuing employment with Woodward Community Based Services and any false statements on this form or any reports of substantiated complaints or convictions for mistreatment or exploitations of a child is grounds for denial of employment with Woodward Community Based Services.

FULL LEGAL NAME: _____

OTHER NAME(S): _____

Signature Date

Date of Birth: _____ Social Security Number: _____

SEQUEL YOUTH SERVICES OF WOODWARD, LLC
REFERENCE CHECK RELEASE FORM

I hereby authorize my past employer to release the below information pertaining to my past and/or present employment with their organization.

APPLICANT SIGNATURE

DATE

.....
TO BE COMPLETED BY HR DEPARTMENT.

APPLICANT NAME _____

SOCIAL SECURITY NUMBER _____

Position or Job Title: _____

Dates of Employment: _____

Is the applicant eligible for rehire? _____

How would you rate the applicant's job performance?

Excellent _____

Good _____

Fair _____

Poor _____

Comments: _____

_____ By phone _____ Name

EEO DATA

NOTICE TO COMPANY PERSONNEL/STAFF: REMOVE THIS FORM FROM APPLICATION UPON RECEIPT OF APPLICATION. THIS FORM IS TO BE FILED SEPARATELY WITH EEO DATA.

Although the following information is not mandatory, it is requested to meet Equal Employment Opportunity and contract record keeping and reporting requirements. This information WILL NOT be kept with your application for employment and WILL be kept separately from your personnel file.

Check applicable blanks: Male Female

Check the blank which represents the racial or ethnic group which you identify:

- White
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

.....

VETERAN'S PREFERENCE INFORMATION

Completion of the Veteran's Preference section is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act.

Please check if applicable:
 Special Disabled Veteran
 Vietnam Era Veteran

.....

Referral Source: Advertisement Friend Relative
 Walk-in Employment Agency
 Other (be specific) _____

**Woodward Community Based Services
611 5th Avenue, Ground Level
Des Moines, Iowa 50309**

PREVIOUS WORK OR VOLUNTEER EXPERIENCE WITH CHILDREN UNDER THE

AGE OF 21: Please provide any experience regarding the supervision of youth (ages 0-21), including paid and volunteer experience providing social casework, therapy, or skill development services to children or families; supervision of children; and as other experiences providing direct care to children and families. You may include experience providing foster care, day care services to children, family-centered supervision services, and supervision provided in scouts and other youth activities where basic and social skills are taught. **It does not include experience in a setting where the purpose of the service provided is to teach academic skills or activities engages in as part of a practicum or internship for academic credit. Raising your own children does not count either.**

The following are examples that you can include:

- Youth coach for baseball, basketball, soccer, tennis, wrestling, etc.
- Child care/babysitting
- Youth Group Leader
- Big Brother, Big Sister Programs
- Instructor/Counselor at Summer Camp(s)
- 4-H Leader

- Recess/Lunch room duty
- Sunday School Teacher/Bible School Teacher
- Boy/Girl Scouts or Brownies Advisor
- Special Olympics
- Lifeguard/Swimming Lesson Instructor
- Resident Hall Advisor at a College Dorm

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

Position: _____
 Location (Town/City): _____ State: _____
 Dates of Experience (Mo/Yr): ___/___ to ___/___
 Average hours: _____ per week **or** _____ per month:
 Contact Person: _____
 Brief description of duties/responsibilities: _____

SIGNATURE

DATE

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name WOODWARD ACADEMY COMMUNITY SERV. Telephone no. 515-274-9607 EIN 42-1504672

Street address 611 5TH AVENUE, GROUND LEVEL

City or town, state, and ZIP code DES MOINES, IA 50309

Person to contact, if different from above MANCON Telephone no. (800) 688-8582

Street address PO BOX 24001

City or town, state, and ZIP code GREENVILLE, SC 29616

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information, Was offered job, Was hired, Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

Woodward Community Based Services, LLC
611 5th Avenue, Ground Level
Des Moines, Iowa 50309

To whom it may concern:

The individual listed below has applied for employment with Woodward Academy Community Based Services and has indicated they received a degree from your school. We would like to request that you provide the verification requested below in order for this person to meet the employment requirements for this agency. Please fill out the information below and send back to:

Woodward Community Based Services
Attention: Gabby Ramos
611 5th Avenue, Ground Level
Des Moines, Iowa 50309
Fax: 515-274-9614

Thank you for your assistance.

Marcia Dodds
Human Resources Director

Name: _____ SSN #: _____

Maiden Name: _____ Birth date: _____

*****(Please list the highest level of education you have COMPLETED.)***

Degree: _____ Graduation Date: _____

Major/Minor: _____

School: _____ City: _____ State: _____

Applicant authorization for release of information: _____
Applicant Signature

SCHOOL VERIFICATION: TO BE COMPLETED BY THE SCHOOL.

Signature of Person Verifying Information & Title

Name of School

Address of School

City, State Zip Code

Phone Number

Please Affix Seal

WOODWARD COMMUNITY BASED SERVICES
611 5th Avenue, Ground Level
Des Moines, Iowa 50309

NAME OF REFERENCE: _____

(CANNOT BE RELATED)

TELEPHONE: _____

RE: _____

NAME OF APPLICANT

**** I authorize Woodward Community Based Services to contact the above named individual for a reference. ****

Applicant Signature

****OFFICE USE ONLY BELOW****

The above named individual has applied for a position with Woodward Community Based Services. Woodward Community Based Services provides education, counseling and supervision to individuals and families in their home community. Employees work in conjunction with local resources to develop a strength-based plan to support success for consumers.

- 1) How long have you known the applicant?
- 2) What is your relationship to the applicant?
- 3) Are you aware of any reason why we should not hire this applicant?
- 4) Would you recommend this person for employment with youth? Please state reasons why.
- 5) Do you feel this applicant would be an asset to Woodward Community Based Services?
- 6) Additional Comments:

Date: _____

Name: _____

WOODWARD COMMUNITY BASED SERVICES
611 5th Avenue, Ground Level
Des Moines, Iowa 50309

NAME OF REFERENCE: _____

(CANNOT BE RELATED)

TELEPHONE: _____

RE: _____

NAME OF APPLICANT

** I authorize Woodward Community Based Services to contact the above named individual for a reference. **

Applicant Signature

****OFFICE USE ONLY BELOW****

The above named individual has applied for a position with Woodward Community Based Services. Woodward Community Based Services provides education, counseling and supervision to individuals and families in their home community. Employees work in conjunction with local resources to develop a strength-based plan to support success for consumers.

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- 5) Do you feel this applicant would be an asset to Woodward Community Based Services?
- 6) Additional Comments:

Date: _____

Name: _____

WOODWARD COMMUNITY BASED SERVICES
611 5th Avenue, Ground Level
Des Moines, Iowa 50309

NAME OF REFERENCE: _____

(CANNOT BE RELATED)

TELEPHONE: _____

RE: _____

NAME OF APPLICANT

**** I authorize Woodward Community Based Services to contact the above named individual for a reference. ****

Applicant Signature

****OFFICE USE ONLY BELOW****

The above named individual has applied for a position with Woodward Community Based Services. Woodward Community Based Services provides education, counseling and supervision to individuals and families in their home community. Employees work in conjunction with local resources to develop a strength-based plan to support success for consumers.

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- 3) Are you aware of any reason why we should not hire this applicant?
- 4) Would you recommend this person for employment with youth? Please state reasons why.
- 5) Do you feel this applicant would be an asset to Woodward Community Based Services?
- 6) Additional Comments:

Date: _____

Name: _____