

NORTH IOWA COMMUNITY ACTION ORGANIZATION EMPLOYEE SURVEY

North Iowa Community Action Organization (NICAO) is committed to Equal Opportunity and Affirmative Action. This information is requested as part of NICAO's responsibility to maintain a nondiscriminatory workplace and to provide equal opportunities. The information that you provide assists NICAO with planning, monitoring and evaluating its equal opportunity policy. Providing this information is voluntary; however, your cooperation is critical to ensuring we have a diverse workplace. The responses are deemed confidential, and this section is removed prior to your application being processed. Your choice not to self-disclose will not adversely affect you as an applicant. **Please circle the numbered response to questions A through F that correctly apply to you.**

A. What sex are you? 0. Male 1. Female

B. What is your age?

- | | |
|-------------|----------------|
| 0. Under 18 | 4. 50 – 59 |
| 1. 19 – 29 | 5. 60 – 69 |
| 2. 30 – 39 | 6. 70 and over |
| 3. 40 – 49 | |

C. What is your highest level of education?

0. 0 – 8 years
1. 9 – 12 years, but not a high school graduate
2. High school graduate
3. Post high school vocational or business school
4. Some college, less than BA or BS degree
5. BA, BS, or similar undergraduate degree
6. MA, MS, or similar graduate degree
7. PhD, JD, or similar professional degree
8. MD or similar professional degree

D. Of which racial/ethnic group do you consider yourself a member?

0. White: (Not Hispanic or Latino) A person with origins in any of the original peoples of Europe, Middle East, or North Africa.
1. Black or African American: (Not Hispanic or Latino) A person with origins in any of the black racial groups of Africa.
2. Asian: (Not Hispanic or Latino) A person with origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent.
3. American Indian/Alaskan Native: (Not Hispanic or Latino) A person having origins in any of the original peoples of North or South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
4. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
5. Native Hawaiian or Other Pacific Islander: ((Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. Two or more Races: All persons who identify with more than one of the above five races.

E. Do you have a disability? (Please read definition and examples of disabilities and major life activities)

0. No 1. Yes, explain _____ 2. I do not wish to self-disclose.

The American's with Disabilities Act (ADA) and the follow up amendment (ADAAA) retain the basic definition of "disability" as an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment. However, the ADAAA broadens the definition of "disability" by modifying key terms of that definition by: expanding the definition of "major life activities"; redefining who is "regarded as" having a disability; modifying the regulatory definition of "substantially limits"; specifying that "disability" includes any impairment that is episodic or in remission if it would substantially limit a major life activity when active; and prohibiting consideration of the ameliorative effects of "mitigating measures" when assessing whether an impairment substantially limits a person's major life activities.

Examples of Disabilities: *Physical or mental impairment* – any physiological disorder or condition, cosmetic disfigurement, or anatomical loss effecting one or more of the following body systems; neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hernic and lymphatic, skin or endocrine.

Major life activities – means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and receiving education or vocational training.

Application for Employment

NICAO is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, stereotype or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that NICAO will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by NICAO and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or any equipment that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the essential functions of a job I am being considered for prior to employment or in the future during my employment with NICAO.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

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

I understand that if I am employed, such employment is for no definite period of time and that NICAO can change wages, benefits, and conditions at any time.

I have read and understand the above.

Date: _____ Signature: _____

APPLICATION FOR EMPLOYMENT - NICA O

We consider applications for all positions without regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, stereotype or other protected groups under state, federal, or local Equal Opportunity Laws.

(PLEASE PRINT)

Position(s) Applied For _____

Date of Application _____

How did you learn about Us? (Please circle)

Advertisement

Employment Agency

Relative

Friend

Website

Other _____

Last Name _____

First Name _____

Middle Name _____

Address _____

Number _____

Street _____

City _____

State _____

Zip _____

Telephone Number(s) _____

Social Security Number (Voluntary) _____

Best time to contact you at home is: : ____ AM/PM

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

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

If yes, give approximate date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your family or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full-time (please indicate 1 2 3 shift)
Part-time (please indicate Mornings Afternoon Evenings)
Temporary (please indicate dates available _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years?>>>>..... Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, stereotype or other protected groups under state, federal, or local Equal Opportunity Laws.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other expertise.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

____ Terminal	____ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
____ PC/MAC	____ Word Processing	_____	_____
____ Typewriter WPM ____	____ Shorthand WPM ____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ____ YES ____ NO

REFERENCES

1. _____ () _____
(NAME) PHONE #

(ADDRESS)

2. _____ () _____
(NAME) PHONE #

(ADDRESS)

3. _____ () _____
(NAME) PHONE #

(ADDRESS)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 the employer.

Signature of Applicant

Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks _____

Interviewer

Date

Employed YES NO Date of Employment: _____

Job Title _____ Hourly/Salary Rate _____

By _____

Supervisor Name and Title

Date