

# HURON AREA CENTER FOR INDEPENDENCE

258 3<sup>RD</sup> ST. S.W.

HURON, SOUTH DAKOTA 57350

## APPLICATION FOR EMPLOYMENT/VOLUNTEER

*AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER  
DISCRIMINATION BECAUSE OF SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN,  
AGE, DISABILITY, OR VETERAN STATUS IS PROHIBITED.*

ALL JOB APPLICANTS MUST COMPLETE THE FOLLOWING FORM BEFORE BEING OFFICIALLY EMPLOYED

## PERSONAL INFORMATION

PLEASE PRINT

DATE: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First MI

Position Applied For: \_\_\_\_\_ Shift: \_\_\_\_\_ FT: \_\_\_\_\_ PT: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code Dates

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Please list your addresses for the past five years:

Address: \_\_\_\_\_  
Street City State Zip Code Dates

Address: \_\_\_\_\_  
Street City State Zip Code Dates

Address: \_\_\_\_\_  
Street City State Zip Code Dates

Address: \_\_\_\_\_  
Street City State Zip Code Dates

Referral Source: \_\_\_\_\_  
Newspaper Radio Employment Agency Relative Friend Facebook Walk-in Other

If referred by a current employee, please indicate who \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

Are you over the age of 18? YES ( ) NO ( ) If no, what is your age?

Males born after December 31, 1959, and age 18 or older, are required to register for Selective Service.

Are you registered? Yes ( ) No ( ) If you are not registered, by State Law, you will not be hired.

Do you have a valid Drivers License? Yes ( ) No ( ) License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a crime or a serious vehicle violation such as DWI, which has not been annulled, expunged, or sealed by a court? Yes ( ) No ( ) If yes, describe in full.

Have you ever worked for the Huron Area Center For Independence before? Yes ( ) No ( )

If yes, please state last position held and period of employment.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Position held Mo/Yr Mo/Yr

## EDUCATION AND TRAINING

Checkmark above highest school year completed: 8 9 10 11 12 13 14 15 16 17 18  
 (We will confirm all Education Information) You must provide a copy of your high school diploma or your GED Certificate of Completion.

	<u>Name and Location of School</u>	<u>Phone</u>	<u>Major</u>	<u>Minor</u>	<u>Degree</u>
High School:	_____	_____	_____	_____	_____
Vocational:	_____	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

Please list any other formal education or training that may be applicable to your skills and abilities as a job applicant. Include certification or license information with numbers and expiration date (i.e. CPR, First Aid, Nursing license).

\_\_\_\_\_

\_\_\_\_\_

List any personal qualities, skills, or experiences, that you feel makes you a candidate for this position:

\_\_\_\_\_

\_\_\_\_\_

## WORK HISTORY

Start with your present or most recent employment. Include any job-related military service, assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. We will contact the employers listed below unless you indicate specifically those you prefer we not contact. Please provide your reason(s) for your preference that we not contact your employer.

Name of Employer:	Supervisor:
Position Title:	Dates of Employment: _____ to _____
Employer Address:	Phone: _____
Description of Duties/Responsibilities:	
Reason for Leaving:	

<b>Name of Employer:</b>	<b>Supervisor:</b>
<b>Position Title:</b>	<b>Dates of Employment:</b> <b>to</b>
<b>Employer Address:</b>	<b>Phone:</b>
<b>Description of Duties/Responsibilities:</b>	
<b>Reason for Leaving:</b>	

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<b>Position Title:</b>	<b>Dates of Employment:</b> <b>to</b>
<b>Employer Address:</b>	<b>Phone:</b>
<b>Description of Duties/Responsibilities:</b>	
<b>Reason for Leaving:</b>	

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<b>Employer Address:</b>	<b>Phone:</b>
<b>Description of Duties/Responsibilities:</b>	
<b>Reason for Leaving:</b>	

How much notice are you required to give in your present job? \_\_\_\_\_

If selected, when would you be available for employment? \_\_\_\_\_

# REFERENCES

List two personal and two professional references.

<u>NAME</u>	<u>ADDRESS AND PHONE</u>	<u>RELATIONSHIP</u>

**EXCLUSION OF CERTAIN INDIVIDUALS AND ENTITIES FROM PARTICIPATION IN MEDICARE AND STATE HEALTH CARE PROGRAMS:**

The Social Security Act 1128 requires the exclusion of any person convicted of the following crimes within the last 5 years. As part of the employment process, we will be checking your background regarding your criminal history. Please complete the following list of questions.

- |    | YES                      | NO                       |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | CONVICTION OF PROGRAM-RELATED CRIMES--Have you ever been convicted of a criminal offense related to the delivery of an item or service under title XVIII or under any State health care program.                               |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | CONVICTION RELATING TO PATIENT ABUSE— Have you been convicted, under Federal or State law, of a criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service.    |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | FELONY CONVICTION RELATING TO HEATH CARE FRAUD—Have you been convicted of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | FELONY CONVICTION RELATING TO CONTROLLED SUBSTANCE—Have you been convicted for an offense consisting of a felony relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.    |

## AUTHORIZATION FOR RELEASE OF INFORMATION

Each applicant for employment is invited to identify himself or herself as an individual with a disability, a disabled veteran, or a veteran of the Vietnam Era, so that he or she may benefit from the Huron Area CFI Affirmative Action Program.

As a part of the Huron Area CFI employment process, we will be checking your background relevant to job and personal references and criminal record. We may also check educational background, credit references, driving records, and social services records. In order to do that, we must have your authorization and acknowledgment that you waive any rights to confidentiality.

When there is a pending job offer, the Center For Independence will require a negative controlled substance test as a final condition of employment. The Center For Independence will pay for one pre-employment test at a clinic of our choice. You must also provide a copy of your high school diploma or your GED certificate of completion.

The undersigned hereby do authorize any state department of social services, any police department, and the Huron Area CFI to obtain and/or release any and all information regarding the social services, work, credit, educational or criminal history of the undersigned applicant for consideration of employment by the Huron Area CFI. The undersigned also understands that misrepresentation or omission of facts called for in **Da hteis** application is cause for cancellation of the application and/or separation of employment.

Huron Area CFI is an **"At Will Employer."** Employment is not for any definite period or succession of periods and may be terminated either by the employee or by the Huron Area CFI at any time, without notice, and without cause.

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

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

**Please save the form and e-mail as an attachment to [bheuston@cfindependence.com](mailto:bheuston@cfindependence.com)**

**CREATING COMMUNITY OPPORTUNITIES FOR PEOPLE WITH DISABILITIES**

