



## EMPLOYMENT APPLICATION

Capital Area Counseling Service, Inc.

PO Box 148

Pierre, SD 57501

Capital Area Counseling Service, Inc. (CACCS) affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. *Learn more about CACS at [www.cacsnet.org](http://www.cacsnet.org)*

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Social Security Number	
Email address			
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 18 years? <i>(If no, you may be required to provide authorization)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to CACS before? <i>(If yes, please give date.)</i> _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for CACS before? <i>(If yes, please give date.)</i> _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony? <i>(A conviction will not necessarily disqualify you.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:		
Do you have a valid driver's license? <i>(For driving positions only.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of any moving violations in the past five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:		
Is anyone related to you employed by CACS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What salary or rate of pay do you expect to receive if employed? _____ per _____		
Have you ever been fired or asked to resign from a job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain. _____		
Are you currently subject to any "non-compete" restrictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On what date would you be available to work? _____		

## EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

List computer programs you are proficient with:

Have you received any job-related training in the United States Military? YES  NO

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary.)*

Company Name and Title	Employment Dates From                      To	Salary Start                      End	Name and Title of Supervisor
Address		\$                      \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

Company Name and Title	Employment Dates From                      To	Salary Start                      End	Name and Title of Supervisor
Address		\$                      \$	
	Describe your duties:		
Phone			
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Reason for leaving and explanation			

Company Name and Title	Employment Dates From                      To	Salary Start                      End	Name and Title of Supervisor
Address		\$                      \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

REFERENCES: At least three professional references are required, and one must be your current employer. Include name, title, name of business, and best number to reach them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

DISCLOSURE, AUTHORIZATION AND WAIVER FORM  
FOR PRE-EMPLOYMENT SCREENING

*Please Read Carefully Before Signing the Authorization*

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Capital Area Counseling Service, Inc. ("the Company") may request records concerning you, whether the records are public, private, or confidential. I hereby authorize a review of and full disclosure of all records, or any part, concerning myself by and to Capital Area Counseling Service, whether the records are public, private, or confidential.

I consent to your release of all public and private information that you have concerning me, my work record, background, military service records, educational records, financial status, civil litigation or penalties, criminal history record, investigator files, performance ratings, complaints or grievances filed against me, and internal affairs investigations or discipline, including any files which are deemed to be confidential or sealed.

I release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage according to any state or federal laws. I release you, as the custodian of the records, from all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

In consideration of the company's acceptance and processing of my application for employment (including a volunteer or internship position), I agree to hold the Company, its agents and employees harmless from all claims and liability associated with my application for employment (including a volunteer position and internship) or in any way connected with the decision whether or not to employ me (including a volunteer position or internship) with the company. I further agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I have read and understand the foregoing Disclosure, and authorize Capital Area Counseling Service, Inc. to obtain and rely upon all public and private records in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I authorize you to contact my current and past employer(s) for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

A faxed, photocopied, or electronic (including electronically signed) copy of this release form is as valid as the original, even though the photocopy or electronic copy does not contain an original signature. This waiver is valid for a period of 60 days from the date of my signature.

NOTE:

A completed application and a signed Disclosure, Authorization and Waiver must be submitted before an applicant will be considered for an interview.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under the age of 18)

\_\_\_\_\_  
Date