

# Volunteers of America, Dakotas

## EMPLOYMENT APPLICATION

1309 W. 51st St. \* PO Box 89306 \* Sioux Falls, SD \* 57109-9306 \* (605)339-1199

*Please respond to all questions*

### GENERAL INFORMATION:

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

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

Employment Desired: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Relief (under 25 hr./wk.) \_\_\_\_\_

Total Hours Available Per Week: \_\_\_\_\_ Date Available To Start: \_\_\_\_\_

Hours Available: M T W T F S S

From: \_\_\_\_\_

To: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Initial

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

Phone(H): \_\_\_\_\_ Daytime Phone(W): \_\_\_\_\_ Are You 21 or Older: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Have You Filed An Application Here Before: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

If Yes, Give Dates & Position Applied For: \_\_\_\_\_

Have You Been Employed Here Before: \_\_\_\_\_ If Yes, Give Dates: \_\_\_\_\_

### EDUCATIONAL INFORMATION

*Name & Location of School*      *Did You Graduate*      *Year*      *Major/Type of Degree*

High School: \_\_\_\_\_

College/Vocational: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_



**EMPLOYMENT HISTORY**

*List your four (4) most recent employers, beginning with the most recent...*

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_ Full or Part-time \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_ Full or Part-time \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_ Full or Part-time \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ Summary of Responsibilities: \_\_\_\_\_  
\_\_\_\_\_ Full or Part-time \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**Summarize any other special skills/qualifications:** \_\_\_\_\_

**Explain any gaps in employment:** \_\_\_\_\_

**Additional Information you would like us to consider:** \_\_\_\_\_



May we inquire at your present employer?  yes  no If no, why? \_\_\_\_\_

**Professional / Employment References (3) - (NO Family)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ (H) & \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (H) & \_\_\_\_\_ (W)

**Personal References (1) (NO Family)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ (H) & \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (H) & \_\_\_\_\_ (W)

We **MUST** have 4 references and they **MUST** be 3 Professional/Employment and one Personal (No Family in Either)

**ALL QUESTIONS MUST BE ANSWERED FOR CONSIDERATION OF APPLICATION**

\* Are you currently charged with or have you ever been convicted of a criminal offense including misdemeanors or felonies?  
(A conviction will not necessarily bar you employment).  yes  no  
if yes, explain: \_\_\_\_\_

\* If considered for a position with Volunteers of America, Dakotas, do you give your consent to a background search of criminal offenses?  
 yes  no

\* If offered employment with Volunteers of America Dakotas, do you give your consent to a drug screening?  yes  no

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Additionally, I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Volunteers of America, Dakotas and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Volunteers of America, Dakotas unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Volunteers of America, Dakotas retains a similar right.

I understand that Volunteers of America, Dakotas is an equal opportunity employer and does not discriminate on the basis of age, gender, race, sexual preference, religion, veteran status, or disability although certain positions may require persons of the certain sex to achieve balanced child care management. Grievances concerning possible discrimination may be made to the Human Relations Commission.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Check box that corresponds with facility type for this request. →

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In Process Regulated Child Care
- Maternity Home
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare

(Please read instructions on back of this form before completing)

### PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) \_\_\_\_\_ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since birth. My signature authorizes the South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Race: \_\_\_\_\_

#### List All Prior Addresses: (Since birth in chronological order with birthplace first)

Street Address	City	County	State	Dates

#### List Full Name (first, last, birth) and Date of Birth of ALL your OWN Children:

(Do not list other people's children for whom you might provide daycare)

Name	Date of Birth	Name	Date of Birth

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Agency Name & Phone**  
Volunteers of America, Dakotas  
(605) 334-1414

**Number Agency Mailing Address**  
Attn. Human Resources, PO Box 89306  
Sioux Falls, SD 57109-9306

**Agency License Number**  
97,395 R123  
 N/A – DSS field office / Head Start  
 N/A – license not yet issued

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## INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct  **Box** to indicate the appropriate facility/provider type
3. List on the first blank line of this form the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			
4. List your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day, and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e. William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, or X appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important, but if you are not able to remember the complete address for a previous living location, **you must always include the City and State**. Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, children in foster care).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a license but has not yet received it's beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**Failure to list all information or complete all questions will delay the screening process.**

**DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY**

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For foster homes licensed by DSS, a copy of this form should be submitted with DCI and FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

**The following comprises a complete history of prior criminal convictions for:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Crime Convicted Of</b>	<b>Date of Conviction</b>	<b>Sentence or Disposition</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The following is a complete history of military service for:** \_\_\_\_\_

<b>Branch of Service</b>	<b>Dates of Service</b>	<b>Type of Discharge</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Agency Return Address**

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

Human Resources  
Volunteers of America, Dakotas  
PO Box 89306  
Sioux Falls, SD 57109-9306

\_\_\_\_\_  
*Street Address and/or PO Box Number*

\_\_\_\_\_  
*City State Zip*

**APPLICANT DRIVING HISTORY**

1. Please identify if you have any of the following driving violations in the past three (3) years: (circle all that apply)

- a. Driving under the influence of alcohol or drugs
- b. Hit and run
- c. Failure to report an accident
- d. Negligent homicide arising out of the use of a motor vehicle
- e. Operating during a period of suspension or revocation
- f. Using a motor vehicle for the commission of a felony
- g. Operation a motor vehicle without owner's authority (grand theft)
- h. Permitting an unlicensed person to drive
- i. Reckless driving
- j. Speed contest (speeding ticket) Please list date(s) and circumstances.

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2. List any violations you have received in the last three years, which are not identified above with the approximate date(s) of each violation. \_\_\_\_\_

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3. If you have had zero (0) violations, please check \_\_\_\_\_

*I certify that the answers given herein are true and complete to the best of my knowledge.  
In the event of employment, I understand that false or misleading information given on this form may likely result in termination of employment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

