

# SEQUEL YOUTH SERVICES EMPLOYMENT APPLICATION

Sequel Youth Services is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, age, sex, national origin, marital status, veteran status, physical or mental disability, and any other impermissible criteria according to applicable law. No question on this application is intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply the applicant will be employed.

Please make sure that you complete this application entirely. Failure to do so will delay processing.

(Please Print)

## GENERAL INFORMATION

Name:

\_\_\_\_\_  
(Last) (First) (Middle)

Address:

\_\_\_\_\_  
(Street) (Apt #) (City) (State) (Zip Code)

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

It is very important that we are able to contact you if necessary.

Home Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you have ever been known by any other name please list: Maiden: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have any relatives or any other member of the same household employed by Sequel Youth Services? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If yes, their name(s): \_\_\_\_\_ Dates of employment: \_\_\_\_/\_\_\_\_ (mo/yr) to \_\_\_\_/\_\_\_\_ (mo/yr)

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date: \_\_\_\_\_

Have you ever worked here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date: \_\_\_\_\_

Have you ever been involuntarily terminated from employment? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

\* If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of citizenship or immigration status is required upon employment.)

Have you ever been convicted of a misdemeanor or felony, or are you presently charged with committing a criminal offense?  
(Responding "yes" will not necessarily disqualify applicant from employment. Do **not** include any traffic violation, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.) Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes, please furnish details of conviction(s), offense(s), location(s), date(s), and sentence(s):

Conviction(s): \_\_\_\_\_

Offense(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Sentence(s): \_\_\_\_\_

## EMPLOYMENT INFORMATION

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

Position(s) applied for: \_\_\_ Youth Counselor \_\_\_ Teacher \_\_\_ Overnight Youth Counselor \_\_\_ Other (Specify: \_\_\_\_\_)

On what date would you be available for work? \_\_\_\_\_

Circle the schedule you prefer to work: Full Time Part Time

Are you available for weekend and evening work? Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum salary acceptable: \$ \_\_\_\_\_ Hourly \_\_\_\_\_ Annually \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service, assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. You may attach a resume, although all requested information not indicated within your resume must be provided in this section.

(1) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____ / ____ to ____ / ____  <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____ _____
(2) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____ / ____ to ____ / ____  <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____ _____
(3) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____ / ____ to ____ / ____  <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____ _____
(4) Employer: _____ Telephone: (____) _____ Address: _____ City: _____ State: _____ Job Title: _____ Supervisor: _____ Reason for leaving: _____	<u>Dates Employed:</u> Mo Yr Mo Yr ____ / ____ to ____ / ____  <u>Pay Rate:</u> Starting: Final: ____ hr/yr ____ hr/yr	Work Performed _____ _____ _____ _____ _____ _____

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

You may contact the employers listed above unless I indicate those I do not want you to contact.  _____ Signature <span style="float: right;">Date</span>	<b>DO NOT CONTACT</b> Employer Number(s) _____ Reason(s) _____ _____
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Do you have a valid driver's license?	Yes _____	No _____
If yes, License Number _____	Exp. Date: _____	State Issued: _____



**APPLICANT PLEASE READ AND SIGN:** Under the federal employee polygraph protection act of 1988, an employer may not require any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this act may have court actions brought against them by the secretary of labor to restrain any such violation and assess civil money penalties up to \$10,000.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

### **SEQUEL YOUTH SERVICES AUTHORIZATION**

I hereby affirm that the facts contained in this application are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance, which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other company records may be cause for immediate dismissal.

I further authorize this Company to verify any and all information herein contained. This includes the investigation of references and employers listed within to provide you with any and all information concerning my previous employment and other pertinent information.

I hereby authorize and permit Sequel Youth Services to hereafter investigate and disclose information contained in this application and such additional information regarding my employment with Sequel Youth Services to any person, firm or organization (e.g., State Police re criminal check). I also release the Company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written and signed by an authorized company representative. I also understand, if I should become employed by the Company, that my employment is at-will and can be terminated by me, or the Company, at any time without cause and without notice.

I hereby acknowledge that I have read all of the above statements and understand the same.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

**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	First	or Agency Name		Telephone Number
Woodward	Academy			(515) 438-3481
Street	City		State	Zip Code
1251 334th Street	Woodward		IA	50276
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			Date	
Marcia Dadds				

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.	
<input type="checkbox"/> This request for information is approved.	
<input type="checkbox"/> This request for information is denied because:	
Signature	Date

**STATE OF IOWA  
DHS CRIMINAL HISTORY RECORD CHECK  
FORM B**

**TO: Iowa Division of Criminal Investigations  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319**

**FROM:**

*Woodward Academy  
1251 334th Street  
Woodward IA 50276*

**PURPOSE:**     Child Day Care 237A.5, 237A.20     Adoption 600.8(1)(2)     Child Abuse 232.71  
 Foster Care/Group Foster Care 237.8     Institutions/Facility 218.13     Juvenile Homes 232.142

**REQUEST**

I am requesting an Iowa criminal history (CCH) check on:

Last Name	First Name	Middle Name
Maiden Name	Sex	Social Security Number
Date of Birth	Signature of Requester <i>Marcia Dadds</i>	

**RESULTS**

As of \_\_\_\_\_ (date) a name and date of birth check revealed:

CCH record attached                       No CCH record found

DCI Initials \_\_\_\_\_

**WAIVER**  
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date
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White: Submit to DCI or to County/Region Day Care

Yellow: Control Copy



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: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_ By phone \_\_\_\_\_ Name

**WOODWARD ACADEMY**  
**1251 334TH STREET**  
**WOODWARD, IA 50276**  
**(515) 438-3481**

NAME OF REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RE: \_\_\_\_\_

NAME OF APPLICANT

**\*\* I authorize Woodward Academy to contact the above named individual for a reference. \*\***

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

The above named individual has applied for a position with Woodward Academy. Woodward Academy is a residential facility for adjudicated delinquent males, ages 12 to 18, located in Woodward, Iowa.

- 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 Academy?
- 6) Additional Comments:

i;marcia;referen

\_\_\_\_\_ By phone

\_\_\_\_\_  
Name

**WOODWARD ACADEMY  
1251 334TH STREET  
WOODWARD, IA 50276  
(515) 438-3481**

NAME OF REFERENCE:

ADDRESS:

TELEPHONE:

RE:

NAME OF APPLICANT

\*\* I authorize Woodward Academy to contact the above named individual for a reference. \*\*

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

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i;marcia;referen

\_\_\_\_\_ By phone

\_\_\_\_\_  
Name

**WOODWARD ACADEMY  
1251 334TH STREET  
WOODWARD, IA 50276  
(515) 438-3481**

NAME OF REFERENCE:

ADDRESS:

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RE:

\_\_\_\_\_  
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- 6) Additional Comments:

i;marcia;referen

\_\_\_\_\_ By phone

\_\_\_\_\_ Name

**WOODWARD ACADEMY**  
**1251 334TH ST.**  
**WOODWARD, IA 50276**  
**515-438-3481**

**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 engaged in as part of a practicum or internship for academic credit. Raising ones 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: \_\_\_\_\_

STAFF SIGNATURE

DATE

**WOODWARD ACADEMY  
1251 334TH STREET  
WOODWARD, IA 50276  
515-438-3481**

To whom it may concern:

The individual listed below has applied for employment with Woodward Academy 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 Academy  
Attention: Robin McDaniel  
1251 334<sup>th</sup> Street  
Woodward, IA 50276**

Thank you for your assistance.

Marcia Dodds  
Human Resources Director

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Name: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_

**\*\**(Please list the highest level of education you HAVE completed a degree in)***

Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

School: \_\_\_\_\_ City, State: \_\_\_\_\_

Applicant authorization for release of information: \_\_\_\_\_  
Applicant Signature

**SCHOOL VERIFICATION: TO BE COMPLETED BY THE SCHOOL.**

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Signature of Person Verifying Information & Title

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Name of School

---

Address of School

---

City, State Zip Code

---

Phone Number

Hr;application info;education verification

Please Affix Seal

**WOODWARD ACADEMY  
1251 334<sup>TH</sup> STREET  
WOODWARD IA 50276**

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**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 Woodward Academy to request a records check from the Department of Public Safety, the Woodward 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 Academy 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 Academy, 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 Academy.

FULL LEGAL NAME: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_