



## Application for Employment

*Sequel Youth and Family Services is an Equal Opportunity Employer*

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):		
Street Address:		City, State & Zip:	
Social Security Number:	Primary Phone:	Alternative Phone:	Email Address:
Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a criminal charge pending against you? (Including DUI/DWI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give details:	
<p>Have you ever been convicted of, pled guilty, had prosecution deferred, or plead no contest, to a felony or misdemeanor? Include convictions of DUI/DWI and driving with a suspended license.  <b>(A conviction will not necessarily disqualify you from the job for which you are applying)</b>            You are not required to disclose any erased, expunged, or pardoned convictions.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when:			
Where:			
Please explain circumstances:			
Have you ever been employed by Sequel Youth and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Dates: From _____ To _____	
		Department:	
Do you have anyone related to you now in the employment of Sequel Youth and Family Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Name(s): _____	
		Department(s): _____	

**MILITARY SERVICE**

Have you ever served in any branch of the United States military and/or reserves?  Yes  No

If YES, Branch of Service:

Period of Active Duty:

Highest Rank Held:

Did you receive either a "bad conduct discharge" or "dishonorable discharge" from the military? Such a discharge will not necessarily disqualify you from the job for which you have applied.

Yes  No

If YES, please explain circumstances:

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree Type	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Undergraduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate/Professional:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Certification/Licensure

Please list all Professional Organizations and Associations:

Please list all Professional Certification and Licensure (organization, type, expiration):

**HAVE YOU BEEN SUBJECT OF ANY ADVERSE ACTION(S) BY ANY DULY AUTHORIZED SANCTIONING OR DISCIPLINARY AGENCY FOR EITHER CONDUCT BASED OR PERFORMANCE BASED ACTIONS?**

**IF YES, PLEASE EXPLAIN.**

**SKILLS/EXPERIENCE**

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**WORK HISTORY**

Please list at least two previous employers even if you have provided a resume. Please take your time completing this section of the application. The information provided by you in this section will be used to qualify you for employment. Failure to do so will limit your ability for employment.

1. Most recent employer:

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

2.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

3.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

<b>Discuss here any reason for lapse of employment:</b>
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**EQUIVALENT WORK HISTORY SECTION**

**Indicate the specific job in your work history; equivalent to the position being applied for.**

Your full completion of the application will be the basis for employment consideration.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
Job Duties and Responsibilities:		Reason for Leaving:

**REFERENCES**

Please provide four professional references (i.e. Supervisors, Co-workers, Teachers, etc.)

Name	Address	Phone Number	Relationship	Email Address (if known)

**ADDITIONAL INFORMATION**

Minimum Salary Desired: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Which job status/shift would you accept? (please check all that apply)

**Status**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Full-Time     | <input type="checkbox"/> Day     |
| <input type="checkbox"/> Part-Time     | <input type="checkbox"/> Evening |
| <input type="checkbox"/> PRN/As Needed | <input type="checkbox"/> Night   |
| <input type="checkbox"/> Flex Time     | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> Temporary     | <input type="checkbox"/> Live-in |

**Carefully Read this Section Prior to Providing Acknowledgement Below.**

I hereby affirm that information provided within this application, accompanying resume and all other supplemental information is **true and complete**. I acknowledge that any false or otherwise misleading representations or omissions made on said documents may disqualify me from further consideration for employment and may result in **discharge** even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination, and post-hire drug screen as a condition of employment. Additionally, I understand that a criminal background review and drivers motor vehicle report may be obtained to satisfy employment requirements.

I hereby authorize persons, schools, current employers, previous employers and organizations to provide Sequel Youth and Family Services and/or affiliates with any requested information pertaining to my application or suitability for employment. I **release all such persons or entities** from any and all liability related to the providing or use of such information.

I understand that my **employment is at-will** which means that I am free to terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any contrary agreement to the proceeding sentence, except for a written agreement signed by Sequel Youth and Family Services' Chief Executive Officer and notarized.

My typed name below shall have the same force and effect as my written signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

To: Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

From: WOODWARD ACADEMY  
1251 334TH ST  
WOODWARD, IA 50276  
Phone: 515-438-3481  
Fax: 515-438-3756

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

## 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 <b>Woodward</b> First <b>Academy</b> or Agency Name		Telephone Number <b>(515) 438-3481</b>	
Street <b>1251 334th Street</b>		City <b>Woodward</b>	State <b>IA</b> Zip Code <b>50276</b>
Relationship to the persons listed in Section II or III: <b>employer</b>			
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 <b>Maxine Dadds</b>		Date	

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.

- This request for information is approved.
- This request for information is denied because:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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: \_\_\_\_\_



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

NAME OF REFERENCE:

\_\_\_\_\_  
(CANNOT BE A RELATIVE)

TELEPHONE:

\_\_\_\_\_  
\_\_\_\_\_  
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:

Hr;application info;reference

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

\_\_\_\_\_  
Name

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

NAME OF REFERENCE:

\_\_\_\_\_  
(CANNOT BE A RELATIVE)

TELEPHONE:

\_\_\_\_\_  
\_\_\_\_\_  
NAME OF APPLICANT

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

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- 6) Additional Comments:

Hr; application info; reference

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

\_\_\_\_\_  
Name

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

NAME OF REFERENCE:

\_\_\_\_\_  
(CANNOT BE A RELATIVE)

TELEPHONE:

\_\_\_\_\_  
\_\_\_\_\_  
NAME OF APPLICANT

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

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- 5) Do you feel this applicant would be an asset to Woodward Academy?
- 6) Additional Comments:

Hr;application info;reference

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

\_\_\_\_\_  
Name

**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: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**\*\**(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

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**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 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 engages 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