

APPLICATION --- Administrative Assistant TEMP

Southwest Iowa Planning Council
1501 SW 7th Street
Atlantic, IA 50022

Name _____
(First) (Middle Name) (Last)
Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Phone Number _____ Email address: _____

Address _____ How Long? _____
For Past (Street) (City) (State & Zip Code)
Three Years _____ How Long? _____
(Street) (City) (State & Zip Code)
(Attach sheet if more space is needed)

Have you ever filed an application with us before? Yes ___ No ___
If yes, give date _____

Have you ever been employed with us before? Yes ___ No ___
If yes, give date _____

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Have you been convicted of a felony? Yes ___ No ___
Conviction will not necessarily disqualify an applicant from employment

If Yes, Please explain _____

How did you learn about us?
___ Advertisement ___ Friend/Relative ___ Walk-In
___ Employment Agency ___ Social Media ___ Other

Along with this Application Form, please submit: (these are available at www.swipco.org or at the SWIPCO offices)

- Cover Letter
- Resume
- 3 Professional References
- Equal Employment Opportunity Form

Email these documents, along with this form, to daurine.petersen@swipco.org or mail or hand deliver them to SWIPCO, 1501 SW 7th St., Atlantic, IA 50022. Position open until filled.

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

Last Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Second Last Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Third Last Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

SWIPCO is an equal opportunity provider, employer, and lender