



KOOTASCA Community Action, Inc.

Application for Employment

www.kootasca.org/employment 218-999-0807

KOOTASCA Community Action is an Equal Opportunity (EEO) and Affirmative Action (AA) Employer.

We recruit, hire, place, promote, terminate, layoff, recall, transfer, compensate, and train without regard to race, color, creed, religion, national origin, sex, sexual orientation, gender/gender identity, disability, age, genetic information, marital status, familial status/family caregiver status, status with regard to public assistance, status with regard to amnesty, status as a covered veteran, membership or activity in a local human rights commission in accordance with applicable federal, state and local laws.

Application and employment information is made available in alternative formats upon request.

How to Apply:

1. Complete the KOOTASCA Application for Employment.
2. Sign and date both the Application for Employment & Applicant Affirmative Action Statement.
3. Optional: Attach documentation such as a resume, cover letter, letters of reference, degrees or transcripts, training certifications, etc.
4. Return the completed application and documents to KOOTASCA.

How to Submit an Application:

E-mail*

To: martac@kootasca.org
*Recommended method.

Fax

To: HR Department
218.999.0841

Mail

Attn: HR Department
KOOTASCA Community Action
201 NW 4th St – Suite 130
Grand Rapids, MN 55744

Drop-Off

Grand Rapids Office:
201 NW 4th St. Suite 130
Int'l Falls Offices:
2232 2nd Ave E

More Information:

Job posting information, complete job descriptions, and applications for employment are available at www.kootasca.org/employment

KOOTASCA Application for Employment

Applicant Information		
Position Applied For:		Date:
Last Name:	First Name:	Middle Initial:
Address:	City, State:	Zip:
E-mail Address:	Phone Number(s):	
Employment		
1. Are you currently with us, or have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you currently employed? If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. May we contact your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Availability		
4. Please select your work availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
5. On what date would you be available for work?		
Additional Information		
6. Are you related to any current KOOTASCA employee or Board Member? If yes, please provide their name: _____		
7. Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you possess a valid Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. A criminal background study is required as a condition of employment once a job offer is made. Are you willing to complete a criminal background study? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Are you able to perform the essential function of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If not submitting a resume that provides this information, please complete the following:

Education			
High School Name and Location:	Degree Obtained: <input type="checkbox"/> Diploma <input type="checkbox"/> GED		
Secondary School Name and Location:	Degree(s) Obtained:		
Number of Credits:	Degree Major/Minor:		
Special Training, apprenticeship, internships, etc:			
Employment Experience			
Employer	Job Title	Dates of Employment	Work Performed
1.			
2.			
3.			
Special Skills & Qualifications			
Summarize special job-related skills and qualifications acquired from employment or other experience:			
Professional, trade, business or civic activities and offices held:			
Please indicate the number of people you have had experience supervising:			
References			
Name	Phone Number/ E-mail	Relationship	
1.			
2.			
3.			

Referral Source

- Newspaper Ad KCA Website Job Service Current Employee
- Online Other: _____

Applicant's Statement

I certify that the facts contained in this application (and accompanying documents, if any) are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to KOOTASCA Community Action, Inc. I release KOOTASCA Community Action, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

This application for employment shall be considered for the current posting. Any applicant wishing consideration for employment for other positions should fill out an application for each position. I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I understand and agree if hired that employment at KOOTASCA Community Action, Inc. is on an "At-Will" basis and is for no definite period of time and I or the employer may terminate the employment relationship at any time with or without cause.

I understand that if offered a position with KOOTASCA Community Action Inc., I will be required to submit to a background check as a condition of employment. I understand any job offer will not be final until receipt of the results of the criminal background check and the results are acceptable to KOOTASCA Community Action, Inc. A refusal to cooperate with, any attempt to affect the results of, or unacceptable results of the post-job offer check will result in withdrawal of any employment offer or termination of employment if already employed.

In the event of employment, I understand that false or misleading statements, omissions or misrepresentation on my application or interview(s) is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the employer. I understand also, that I am required to abide by all work rules, policies and procedures of the employer. KOOTASCA Community Action, Inc. retains the right to revise our policies or procedures, in whole or in part, at any time.

Signature of Applicant

Date

IF NOT SIGNED BY APPLICANT, THIS APPLICATION WILL BE DISQUALIFIED

KOOTASCA Affirmative Action Statement

KOOTASCA Community Action, Inc. is an Equal Opportunity / Affirmative Action Employer. As an employer/government contractor, we must comply with government regulations and affirmative action responsibilities and record certain information to be made a part of our Affirmative Action Program. Applicants for employment or advancement are invited to participate in the Affirmative Action Program by reporting race or ethnic identity. In extending this invitation you are also advised that:

- (a) applicants are under no obligation to respond, but may do so in the future if they choose;
- (b) responses will be separated from your application and will remain confidential within the Human Resources Department; and
- (c) responses will only be used for necessary information to include in our Affirmative Action Program.

We consider applicants for all positions without regard to age, race, color or creed, religion, sex, sexual orientation, national origin, marital status, disability, veteran’s status, status with regard to public assistance or any other legally protected status. Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant. This form will be separated from the application upon receipt of KOOTASCA and will not part of any employment decisions.

If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify our Human Resources Dept. in some other manner.

Applicant Affirmative Action Survey

Definitions for all selections are available on the reverse side of this form.

Name:	Position Applied For:
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Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-Binary) <input type="checkbox"/> I don't wish to answer
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Veteran Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> I don't wish to answer
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Disability Status: any person who has a physical, sensory, or mental impairment which “materially” (Minnesota) or “substantially” (federal) limits one or more major life activities, or has a record of or is regarded as having such an impairment.	<input type="checkbox"/> Yes, I have a disability or have a history/record of having a disability	<input type="checkbox"/> No, I don't have a disability or have a history/record of having a disability	<input type="checkbox"/> I don't wish to answer
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Race/Ethnicity: <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> I do not wish to self-identify.
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_____ Signature	_____ Date
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AFFIRMATIVE ACTION SURVEY DEFINITIONS

Veteran Status- For this survey, a veteran is an individual who meets at least one of the following criteria:

Vietnam Era Veteran:	<p>1. A person who served on active duty in the US military, ground, naval or air service for a period of more than 180 days and who was discharged or release with other than a dishonorable discharge, if any part of such active duty was performed:</p> <ul style="list-style-type: none"> ○ in the Republic of Vietnam between 2/28/61 and 5/7/75, or ○ between 8/5/64 and 5/7/75, in all other cases or ○ was discharged or released from active duty in the US military, ground naval or air service for a service-connected disability if any part of such active duty was performed in the <ul style="list-style-type: none"> a) Republic of Vietnam between 2/28/61 and 5/7/75 or b) between 8/5/64 and 5/7/75 in any other location.
Other Protected Veteran:	Veterans who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
Newly Separated Veteran:	Any veteran who served on active duty in the US military, ground naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.
Special Disabled Veteran:	<p>Veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administer by the Department of Veterans Affairs for a disability</p> <ul style="list-style-type: none"> • (1) rated at 30% or more or, • (2) rated at 10 or 20 % in the case of a veteran who has been determined under Section 38 & U.S.C. 3106 to have a serious employment handicap or • (3) a person who was discharged or released from active duty because of a service-connected disability.

Disability- Persons are considered to have a disability if they have a physical or mental impairment or medial condition that substantially limits a major life activity, or if they have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

<ul style="list-style-type: none"> • Autism • Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS • Blind or low vision • Cancer • Cardiovascular or heart disease • Celiac disease 	<ul style="list-style-type: none"> • Cerebral palsy • Deaf or hard of hearing • Depression or anxiety • Diabetes • Epilepsy • Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome • Intellectual disability 	<ul style="list-style-type: none"> • Missing limbs or partially missing limbs • Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS) • Psychiatric condition, for example, bipolar disorder, schizophrenia
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Race/Ethnic Groups:

- **American Indian or Alaskan Native** – (Not Hispanic or Latino) A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian** – (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** – (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander** – (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** – (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- **Two or More Races** – (Not Hispanic or Latino) All persons who identify with more than one of the above races.