

AGING EXCELLENCE

Seniors On The Go®

EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for: _____

Referral source: Advertisement Employee Relative Government Employee Agency
 Walk-In Private Employment Agency Other

Name of source (if applicable): _____

Name _____

Last

First

Middle

Address _____

Street

City

State/Zip Code

Telephone Number (____) _____ Social Security Number _____

If necessary, the best time to call you at home is _____

May we contact you at work? _____

If yes, work number and the best time to call _____

If you are under 18, can you furnish a work permit? _____

Have you filed an application here before? _____

If yes, give date ____/____/____

Have you ever been employed here before? _____

If yes, give dates: From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time

Days Evenings Nights Weekends

Shifts of 3 or more hours Visits (up to 2 hours)

Days of the week available for work: Mon Tues Wed Thu Fri Sat Sun

Date Available For Work: ____/____/____

Do You Have A Valid Driver's License? Yes No Driver's Lic. # _____ State _____

Do You Have Transportation? Yes No Do You Have Auto Insurance? Yes No

Will you work overtime if required? _____

Have you ever been bonded? _____

Have you been convicted of a felony in the last seven years? _____

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

An Equal Opportunity Employer

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comment section below.

Employer Telephone Dates Employed
From: To:

Address

Job Title Summary of work performed and job responsibilities:

Immediate Supervisor and Title Hourly Rate/Salary
Starting Pay: \$ per

Reason For Leaving Hourly Rate/Salary
Final: \$ per

May we contact them for a reference? ___Yes ___No ___Later

Employer Telephone Dates Employed
From: To:

Address

Job Title Summary of work performed and job responsibilities:

Immediate Supervisor and Title Hourly Rate/Salary
Starting Pay: \$ per

Reason For Leaving Hourly Rate/Salary
Final: \$ per

May we contact them for a reference? ___Yes ___No ___Later

Employer Telephone Dates Employed
From: To:

Address

Job Title Summary of work performed and job responsibilities:

Immediate Supervisor and Title Hourly Rate/Salary
Starting Pay: \$ per

Reason For Leaving Hourly Rate/Salary
Final: \$ per

May we contact them for a reference? ___Yes ___No ___Later

Employer Telephone Dates Employed
From: To:

Address

Job Title Summary of work performed and job responsibilities:

Immediate Supervisor and Title Hourly Rate/Salary
Starting Pay: \$ per

Reason For Leaving Hourly Rate/Salary
Final: \$ per

May we contact them for a reference? ___Yes ___No ___Later

Comments (including explanation of gaps in employment):

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying for: _____

EDUCATIONAL BACKGROUND

1. List last three (3) schools attended, starting with the most recent.
2. List number of years completed.
3. Indicate degree or diploma earned, if any.
4. Grade point average or class rank (if known)
5. Major and minor field of study (if applicable)

School	Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

List any foreign language(s) you know and check the boxes that describes your skill level.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES

List the name and telephone number of three (3) supervisors who are **not** related to you. If not applicable, list three (3) school or character references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would required by the ADA.

Signature of Applicant _____ Date ___/___/___