



Council on Aging of Southwestern Ohio | Answers on Aging

DATE _____

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

POSITION APPLIED FOR (FIRST PREFERENCE) _____

POSITION APPLIED FOR (SECOND PREFERENCE) _____

PERSONAL

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

NO.

STREET

CITY

STATE

ZIP

PHONE NO: HOME(_____) _____

WORK(_____) _____

HOW DID YOU LEARN ABOUT US?

FRIEND ADVERTISEMENT NEWSPAPER/PUBLICATION _____

RELATIVE JOB FAIR LOCATION _____

WALK-IN OTHER _____

PROFESSIONAL REGISTRATION, CERTIFICATION, OR LICENSURE

TYPE	NUMBER	EXP. DATE	STATE

IF ADDITIONAL SPACE IS NEEDED IN ANY CATEGORY, PLEASE USE *ADDITIONAL INFORMATION* SECTION ON LAST PAGE.

EDUCATIONAL BACKGROUND

TYPE SCHOOL	NAME AND LOCATION	GRADUATE		DEGREE FIELD OF STUDY	IF CURRENTLY ENROLLED	
		YES	NO		PT	FT
HIGH						
BUSINESS OR TRADE						
COLLEGE/ UNIVERSITY						
POST GRADUATE						
OTHER						

PLEASE COMPLETE THE FOLLOWING IF YOU WERE EVER CONVICTED OF A CRIME. IF NONE, SO STATE. (Additional space provided on last page, if necessary.)

DATE OF CONVICTION MONTH & YEAR	CITY AND STATE	CHARGE	DISPOSITION
1.			
2.			
3.			

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST. ALSO, EXPLAIN ALL GAPS IN EMPLOYMENT IN THE *ADDITIONAL INFORMATION* SECTION ON PAGE 4.

EMPLOYER NAME _____

ADDRESS, CITY, STATE, ZIP CODE _____

PHONE: () _____ LAST SALARY _____ (hourly, monthly, yearly)
Mo./Yr. Mo./Yr.

POSITION TITLE _____ EMPLOYED FROM () TO () _____

SUPERVISOR NAME _____ TITLE _____ PHONE _____

DUTIES _____

REASON/S FOR LEAVING _____

ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL EMPLOYMENT, EXPERIENCE, OR SKILLS RELEVANT TO THE POSITION/S FOR WHICH YOU ARE APPLYING (INCLUDE ALL GAPS IN EMPLOYMENT):

PLEASE READ CAREFULLY BEFORE SIGNING YOUR SIGNATURE

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

I consent to voluntarily submit to and authorize Council on Aging to conduct tests for the illegal use of drugs and I understand that the failure to pass such tests may be grounds for denial of employment or termination, if employed at the time.

The Council on Aging is an Equal Opportunity Employer. The Council on Aging 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.

I understand and agree that if hired, I may end my employment at any time and that the employer has the same right with any employees. I understand my employment is "at-will", and that no one representing the Council on Aging may make any oral or written promises or agreements which alter this employment-at-will relationship.

I agree to observe all present and subsequently issued personnel policies and procedures. I understand that such policies and procedures do not constitute a contract of employment between me and the Council on Aging, and that the Council on Aging may revise its policies and procedures at any time.

Signature of Applicant _____ Date _____

CONSUMER REPORTING AGENCY INFORMATION RELEASE FORM FOR CRIMINAL RECORDS AND CREDIT REPORTS

TO WHOM IT MAY CONCERN:

Council on Aging of Southwestern Ohio (hereinafter COA) has informed me, and I hereby acknowledge, that it may obtain a consumer report (i.e., a credit report or criminal report) on me for employment purposes. COA has advised me that before it takes any adverse action, based in whole or in part on the information obtained, that it will provide me with a copy of the report and a written description of my rights.

I hereby authorize and request (in accordance with the attached "Background Check" form) all local, municipal, city, county, state, and federal police/law enforcement authorities to furnish any information that may be sought by COA regarding any criminal conviction of mine.

I authorize and request all credit reporting agencies including all consumer reporting agencies to furnish any information that may be sought by COA regarding me, which information does not antedate the report by more than seven years, regarding (i) motor vehicle moving violations; (ii) suits and judgments; (iii) paid tax liens; and (iv) accounts placed for collection or charged to profit and loss.

I authorize and request you to provide COA with information regarding any bankruptcy information regarding that, from the date of entry of the order for relief or the date of adjudication, as the case may be, does not antedate the report by more than ten years.

If this box is marked, then I hereby certify that COA has informed me that my annual salary equals, or may reasonably be expected to equal, \$75,000 or more. I, therefore, hereby authorize and request that you furnish any information sought by COA regardless of the time.

I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

DATE: _____ NAME(S)*: _____

SIGNATURE: _____

*If the records appear under more than one name, please provide all names.

(PLEASE READ AND COMPLETE REVERSE SIDE OF THIS FORM ALSO)

EMPLOYMENT AND EDUCATION INFORMATION RELEASE FORM

TO WHOM IT MAY CONCERN:

I authorize and request each former employer, and each person, firm, or corporation which I have given as a reference, to furnish any information that may be sought by Council on Aging of Southwestern Ohio (hereinafter COA) concerning me; and I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

I authorize and request each school, college, or university which I have indicated that I attended to furnish any information that may be sought by COA concerning me; and I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

DATE: _____ NAME(S)*: _____

SIGNATURE: _____

*If the records appear under more than one name, please provide all names.

(PLEASE READ AND COMPLETE REVERSE SIDE OF THIS FORM ALSO)

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

Council on Aging of Southwestern Ohio is an equal opportunity employer that is committed to a program of recruitment of females, minority group members, individuals with disabilities, and qualifying veterans. In order to comply with governmental reporting requirements, we request that you supply the information below. This information is **voluntary** and will in no way effect the processing of your application or your consideration for employment. This form should be submitted with the employment application, but will be processed separately and used for statistical purposes only. Please fill in the information requested and check all items that apply to you. Thank you for your cooperation.

DATE: _____

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

GENDER: Male Female **OVER 40:** Yes No **DISABLED:** Yes No

RACE:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> White (Not Hispanic or Latino) | Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | Persons having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam |
| <input type="checkbox"/> Native Indian or Alaskan Native | Persons having origins in any of the original peoples of North and South America, (including Central America) and who maintain tribal affiliation or community recognition. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | All Persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino. |

VETERAN STATUS: Are you a Veteran? Yes No

HOW DID YOU LEARN ABOUT US? Friend Walk In Relative Job Fair

Newspaper/Publication Job Board (please list) _____

Other _____