

Applicants are required to complete this form, for legal and screening reasons, even if they have submitted a resume.

# EMPLOYMENT APPLICATION

Please Read Carefully

Preble County Council on Aging is an **EQUAL OPPORTUNITY EMPLOYER** that seeks to employ those persons best qualified by skill and experience to perform prescribed work; regardless of race, color, national origin, religion, creed, age, sex, marital status, handicap, or military status.

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. The requested information must be accurate, complete and in the handwriting of the applicant. Any false answers or misinformation will be sufficient cause for rejection of the application or dismissal of the applicant, if employed. We reserve the right to terminate any employee at any time for any reason whatsoever. Please write as clearly and neatly as possible. The furnishing of references and former employers' names is considered as your permission for us to contact them to verify information. Completion of the application is also considered as your consent to take any pre-employment and future examinations as may be required by us and also indicates your willingness to comply with the work rules and regulations. Your application will be held in file for six (6) months. Thank you for your interest in our Agency.

<b>PERSONAL DATA</b>	(Show your name as it appears on your Social Security card)			Date: _____
Name _____	Social Security No.: _____			
	(Last)	(First)	(Middle)	
Address _____	State age if under 18 or over 70: _____			Otherwise you may leave it blank
	(Number and Street)	(City)	(State) (Zip)	
Township _____	School District _____	Telephone Number: _____	Birth Date: _____	
In emergency, notify _____	(Name)	(Address)	(Phone)	(Relationship)

EDUCATION	Name and Address of School	Course or Degree	No. Years Completed	Yr. Grad. or Last Attend.
High School (last) _____				
College or University _____				
Technical School(s) _____				
Other Education of Training Skills _____				

<b>EMPLOYMENT</b>	(Give past 5 years or longer. List current or last employer first)			Employment Dates
<b>Most Recent Employer --</b>	Name _____		from _____	to _____
Address _____	Job title / Position _____		Immediate Supervisor Name/Title _____	
Brief Description of Duties _____	Reason for Leaving _____			
<b>Other Employers --</b>	Name _____		Employment Dates	Reason for Leaving
Address _____	to			
Name _____	to			
Address _____	to			
Name _____	to			
Address _____				

<b>GENERAL DATA</b>	Type of Work Desired _____ [ ] Full [ ] Part Time [ ] Temp Salary \$ _____
Special skill(s) you have _____	
Have you ever been employed here before? [ ] Yes [ ] No If YES, When _____ Job _____	
Who referred you for employment? _____ How will you get to work? _____	
Any friends or relatives working here? [ ] Yes [ ] No If YES, Who _____ Where _____	
Physical Condition [ ] Excellent [ ] Good [ ] Fair Job Related Limitation _____	
(Please check <input checked="" type="checkbox"/> blocks below if your answer is <u>YES</u> and give explanation)	
Have you ever been [ ] Drug Addict or User [ ] Alcoholic [ ] Institutionalized Please explain _____	
[ ] Convicted of a Crime – Time Served _____ years _____ months Offense _____ Please explain _____	
[ ] Paroled When? _____ Length of Parole _____ yrs _____ mths Offense _____ Please explain _____	
[ ] Had a traffic violation in the past five (5) years? When? _____ For what? _____	
[ ] Had your license suspended? When? _____ How long? _____ For what? _____	
Have you ever claimed or received benefits in the past year for [ ] Disability [ ] Injury [ ] Sickness When? _____ explain _____	
Have you ever or are you now collecting workers or unemployment compensation? When? _____ How long? _____ explain _____	

<b>PART TIME EMPLOYMENT</b>	(If you can work <b>only</b> part-time, indicate time, days & reason)
[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday	
Reason for limited number of days work _____	
[ ] Mornings from _____ to _____ [ ] Afternoons from _____ to _____ [ ] Evenings from _____ to _____	
Reasons for limited number of hours work _____	

<b>REFERENCES</b>	(Two required. DO NOT give relatives, present or former employers)		
Name of Reference	Address	Occupation	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE SIGN - X \_\_\_\_\_

(Signature of Applicant)

<b>INTERVIEWER'S COMMENTS ---- ONLY INTERVIEWER should complete this section</b>	_____

Starting Date	Department	<b>APPROVAL</b>
Job Title	Pay Rate—Hr./Yr.	<b>X</b> DATE