

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.

PERSONAL DATA	(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 _____	_____	_____	_____	_____

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

GENERAL DATA	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 <u>if</u> 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 _____	
Do you have a CDL? Yes or No Have you ever failed a DOT Drug and Alcohol Test? Yes or No If Yes, 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 _____	

PART TIME EMPLOYMENT	(If you can work only 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 _____	

REFERENCES	(Two required. DO NOT give relatives)		
Name of Reference	Relationship to You	Occupation	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE SIGN - X _____

(Signature of Applicant)

INTERVIEWER'S COMMENTS ---- ONLY INTERVIEWER should complete this section	_____

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