

Union County Council on Aging and Aged Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For	Date
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How did you learn about us?

_____ Advertisement	_____ Relative	_____ Employment Agency
_____ Friend	_____ Inquiry	_____ Other

Last Name	First Name	Middle Name	
Address	City	State	Zipcode
Phone Number	Social Security Number	D/L Number	Alternate Phone

The best time to contact you: _____ am/pm

	Yes	No
If you are under 18, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your friends or relatives work here?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <i>Proof of citizenship will be required upon employment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Date available for work? _____ / _____ / _____		
Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>

In the past two years, did your previous job require DOT (Drug/Alcohol) testing?

Yes	No

Did you ever test positive? Yes

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No

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Or refuse to submit to testing? Yes

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No

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If previously tested, please fill out Form A attached to this application.

Have you ever been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment?)

If yes, please explain....

Are you a veteran of the U.S. Military Service?

Yes

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No

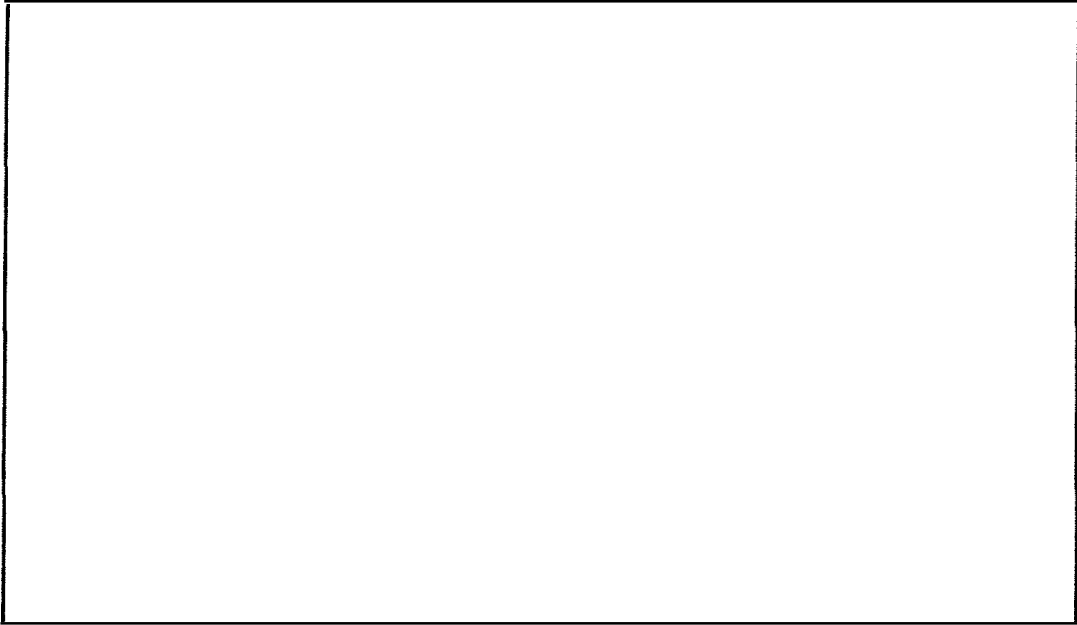
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What branch?

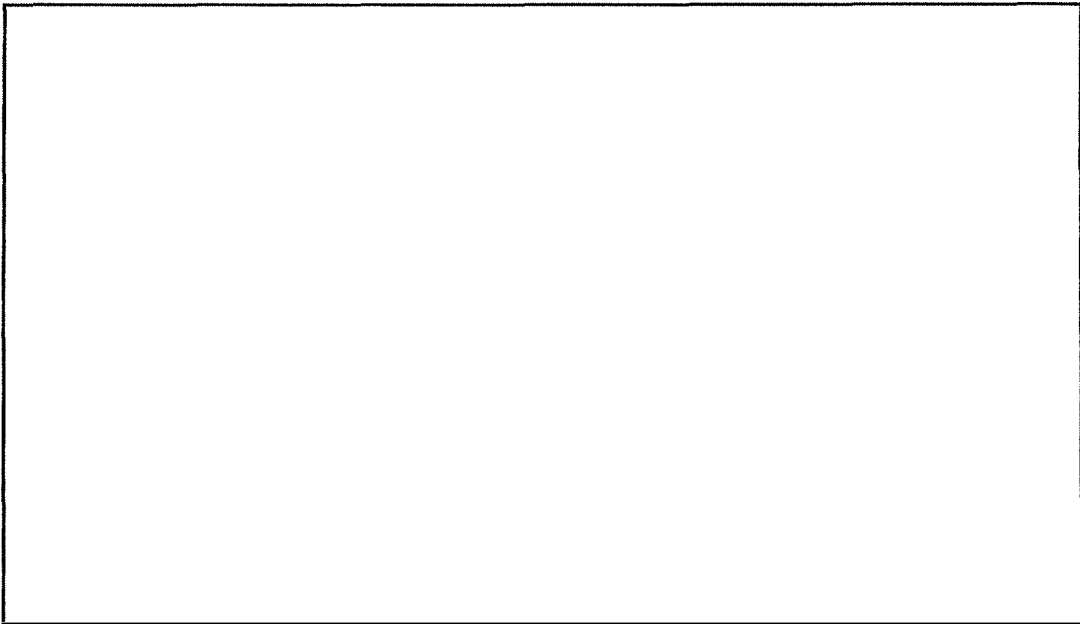
Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary				
High School				
Undergraduate Collage				
Graduate Professional				
Other				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.



Describe any job related training received in the United States military.



Other Qualifications

Summarize special job-related skills and qualifications from employment or other experience.

Specialized Skills

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in such a job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes

No

References

1

Name
Address

Phone

2

Name
Address

Phone

3

Name
Address

Phone

Applicant's Statement

I certify that the answers given herein 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such changed is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. Understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of the Applicant

Date

Consent to Verify Limited Criminal History and Driving Record

All applicants for employment with Union County Council on Aging must consent to a limited criminal history and certified BMV driving record check.

RELEASE: I consent to permit Union County Council on Aging and Aged, Inc. to contact the Indiana State Police for a limited criminal history check and Indiana State Bureau of Motor Vehicles for a certified driving record.

Name

Date

Time

Signature

Limited Criminal History Check will be verified by:

The Indiana State Police
Indiana Government Center North
100 North Senate Ave.
Indianapolis, IN 46204-2259

Certified BMV driving record will be verified by:

The Indiana Bureau of Motor Vehicles
Indiana Government Center North
100 North Senate Ave.
Indianapolis, IN 46204-2259