



Applicant Name: _____

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The Wexford County Council on Aging reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. This application will remain active for thirty (30) days.

If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer **all** questions, even those which relate to information on your resume. Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, or otherwise, may result in dismissal even if you are employed.

Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

As required by law, the Wexford County Council on Aging does not discriminate in hiring or employment on the basis of race, color, religion, national origin, non-disqualifying disability, sex, age, height, weight, or legally protected characteristic.

DO NOT WRITE IN THIS BLOCK – FOR EMPLOYER USE ONLY

Date:

Interviewed by:

Tested (if applicable): Yes No

Tested by:

Hired: Yes No

Salary/Wage: Exempt: Yes No

Starting Date:

Other:

TODAY'S DATE _____

PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

(First) (Middle) (Last)
Address _____ (_____) _____
(Number) (Street) Area Code (Telephone No. – Residence)
Apt. or Other _____ (_____) _____
(Number) (Street) Area Code (Daytime Telephone Number if different from above)

(City) (State) (Zip) (Length of Time at This Address)
List previous addresses within the United States, except military, if your address changed during the past 10 years. (Start with most recent address.)

No.	Street	City	State	Zip	From (Date)	To (Date)
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No.	Street	City	State	Zip	From (Date)	To (Date)
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EMPLOYMENT REQUEST

Type of work desired: _____

Specify position(s) for which you are applying (1) _____ (2) _____

Salary Requirements _____ per hours/per week/per annum (circle one)

Kind of work sought? Full-time ___ Part-time ___ If you would be available for part-time work, please list the days of the week and hours you would be available: _____

What shifts are you available to work? Any shift ___ Not first ___ Not Second ___ Not Third ___

How were you referred to us? _____ Date available for work? _____

If you applied in response to advertisement, where did you see the ad? _____

Have you applied with us previously? Yes No. If yes, when and where? _____

List everyone you know who works for us: _____

Are you able to do the essential functions for the job(s) for which you are applying? Yes No

If no, please identify the applicable functions: _____

ATTENDANCE RECORD

How much time have you lost from work or school during each of the past two calendar years FOR REASONS OTHER THAN VACATION AND HOLIDAYS?

(Year)	(No of Days)	(Year)	(No of Days)
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Do you have any activities, commitments, or responsibilities (for example car pooling, school, other employment) which might in any way restrict the hours (including overtime) or days you can work? Yes No. Explain if Yes: _____

EMPLOYMENT RECORD

(Please complete your employment history even if a resume is submitted. If you need more space, please continue on the space provided on page 6)

Are you presently employed? **Yes** **No** May we contact your present employer to obtain a reference? **Yes** **No**

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER, and state beginning and ending dates of unemployment.

Employer Present or Most Recent _____				Date Started	Date Left
Street	City	State	Zip	Start Pay	Final Pay
Supervisor	Dept.	Telephone	Reason for Leaving		
Your Job and Responsibilities (Please be specific, describe in detail)					
Employer _____				Date Started	Date Left
Street	City	State	Zip	Start Pay	Final Pay
Supervisor	Dept.	Telephone	Reason for Leaving		
Your Job and Responsibilities (Please be specific, describe in detail)					
Employer _____				Date Started	Date Left
Street	City	State	Zip	Start Pay	Final Pay
Supervisor	Dept.	Telephone	Reason for Leaving		
Your Job and Responsibilities (Please be specific, describe in detail)					
Employer _____				Date Started	Date Left
Street	City	State	Zip	Start Pay	Final Pay
Supervisor	Dept.	Telephone	Reason for Leaving		
Your Job and Responsibilities (Please be specific, describe in detail)					
Employer _____				Date Started	Date Left
Street	City	State	Zip	Start Pay	Final Pay
Supervisor	Dept.	Telephone	Reason for Leaving		
Your Job and Responsibilities (Please be specific, describe in detail)					

EDUCATION					
	Name of School	City and State	Course or Major		Degree
High School(s)			XXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
			XXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	
				Number of Years Completed (Circle): 1 2 3 4	
Graduate Studies				Number of Years Completed (Circle): 1 2 3 4	
Other Give Type				Number of Years Completed (Circle): 1 2 3 4	

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

List any computer software and equipment and other office equipment you can operate proficiently: _____

List any special certification, skills, knowledge, or experience which you feel may be relevant to the job you are seeking:

Are you planning to pursue or are you currently enrolled in any studies or courses? Yes No

If yes, when, where, for what period of time, or for what courses are you enrolled? _____

Are you currently on "layoff" status and subject to recall? Yes No

If you are now employed, why do you want to change your job? _____

Have you ever been suspended, fired, asked to resign, resigned by mutual agreement, or otherwise involuntarily terminated from any job? Yes No If yes, what job, and why? _____

APPLICATION'S CERTIFICATION AND AGREEMENT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I consent to and release from all liability and responsibility all persons and corporations requesting or supplying such information and waive my right to notice of such disclosure.

I understand that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and further agree that this arrangement may be altered in writing directed to me personally and signed by the Executive Director of the Wexford County Council on Aging: as they are from time to time changed and no additional obligations can be imposed on the Wexford County Council on Aging except those which may have been acknowledge in writing, by the Executive Director of Wexford County Council on Aging.

I hereby authorize the Wexford County Council on Aging to deduct from each and every pay period amounts necessary to offset any damages caused by me or the value of property or money trusted to me, or owed by me to the Wexford County Council on Aging during the course of my employment.

I further agree that if I should bring any legal action or claim out of my employment against Wexford County Council on Aging in which the Wexford County Council on Aging prevails, I will pay to the Wexford County Council on Aging any and all costs incurred by the Wexford County Council on Aging in defense of said claims or actions, including but not limited to attorney fees or court costs.

Signature of Applicant _____ Date _____

REFERENCES (Do not include relatives)

Name

Address

Telephone

_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

(Please use this space below to complete any answers and to provide additional information)



Employment Background Check Authorization (Prospective Worker)

We understand that because we are a tax-exempt, 501 C-(3), agency the processing fee is waived. We also understand that the background check will be limited to the State of Michigan and will not include driving history.

Due to the sensitive nature of the information we are obtaining and the type of services we provide, the prospective work recognizes the need for the WCCOA to conduct a thorough background check.

By signing this document, the individual grants to the WCCOA permission to contact all former employers, reference, financial institutions, and so forth both prior to and subsequent to all employment procedures. An annual background check will be conducted on all WCCOA workers.

Areas that may be checked include, but are not limited to:

- Criminal
- Credit
- References
- Education verification
- Professional credential verification

Prospective Worker Full Name: _____

Date of Birth ____ / ____ / ____

Alias/maiden Name(s): _____ Race: _____ Sex: Male Female

Signature: _____ Date: _____

Social Security# _____ / _____ / _____

Driver's License # _____ State: _____

Witness Name: (Optional) _____

Signature: _____

Date of Application: _____

(These policies and procedures are required for all applications including independent contractors.)