



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)				Last Grade Completed (Circle): 9 10 11 12	
				Last Grade Completed (Circle): 9 10 11 12	
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? \_\_\_\_\_

Have you received your COVID Vaccination?

Please supply a copy of your vaccination card.

Yes

No

If you haven't received the COVID  
Vaccination, are you willing to get it?

Yes

No

## 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER REPORT OTHER BACKGROUND INFORMATION**

I, the undersigned individual, do hereby authorize the **Wexford County Council on Aging** to procure a consumer credit report, educational records, employment records, criminal records, driving records and/or other pertinent report on me for employment purposes.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Wexford County Council on Aging**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I request a copy of my background investigation report  I waive my right to a copy of my report

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the **Wexford County Council on Aging**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the **Wexford County Council on Aging**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing information listed above.

I understand that this Notice/Authorization/Release form shall remain in effect for the duration of my employment with the **Wexford County Council on Aging**.

**(PLEASE TYPE OR PRINT CLEARLY IN INK)**

Full Name: \_\_\_\_\_  
                    First,      Middle, Last

Alias/Maiden name(s) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Race: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Today's Date: \_\_\_\_\_