Area Agency on Aging, PSA2
220 E. Monument Ave., Suite 200 Dayton, OH 45402

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position applied for_____ **Full Time** _____ **Part Time** ____

Name: _____
First **Middle** **Last**

Address: _____
Number & Street **City & State** **Zip**

Phone: _____ **Email:** _____ **SSN:** _____

Date available to begin employment: _____ **Salary desired: $** _____

Are you currently employed? _____ **May we inquire of your present employer?** ____

Have you lived in Ohio for the past five (5) years? Yes_____ **No**_____

EDUCATION

SCHOOL NAME	LOCATION		MONTH & YEAR ATTENDED		DEGREE &/OR COURSE(S)	GPA
	City	State	From	To		

Other training:

Do you have any plans for future education or training? Yes_____ **No**_____

If yes, explain: _____

_____

_____

ABILITIES, EXPERIENCE, SKILLS

Note: In this section describe abilities, skills, experience, etc. which particularly qualify you for the position which you are now making application.

_____
_____
_____
_____
_____
_____

WORK HISTORY

MONTH/YEAR EMPLOYED		Firm name:
From	To	Address: _____ (Street) (City & State) (Zip)
		Position held:
		Reason for leaving:
		Immediate supervisor:
		Name at time of leaving this firm: / Ending salary at this firm:
MONTH/YEAR EMPLOYED		Firm name:
From	To	Address: _____ (Street) (City & State) (Zip)
		Position held:
		Reason for leaving:
		Immediate supervisor:
		Name at time of leaving this firm: / Ending salary at this firm:

MONTH/YEAR EMPLOYED		Firm name:
From	To	Address: _____ (Street) (City & State) (Zip)
		Position held:
		Reason for leaving:
		Immediate supervisor:
		Name at time of leaving this firm: / Ending salary at this firm:

VOLUNTEER EXPERIENCES--Relating to the position for which you are making application

Date	Organization	Nature of work

MILITARY	
Date entered:	Branch:
Date discharged:	Rank at discharge:
Draft/Reserve status:	Special training:
Duties:	

REFERENCES---List (2) Professional and (2) Personal references other than relatives.

1. Name: Email:	Phone #:
Address: _____ (Number & Street) (City & State) (Zip)	Occupation:
2. Name: Email:	Phone #:
Address: _____ (Number & Street) (City & State) (Zip)	Occupation:

3. Name: Email:	Phone #:
Address: _____ (Number & Street) (City & State) (Zip)	Occupation:
4. Name: Email:	Phone #:
Address: _____ (Number & Street) (City & State) (Zip)	Occupation:

1. Have you ever been bonded? _____ Bonding company name: _____

2. Have you ever been convicted of a felony violation of law? No _____ Yes _____

If yes, please explain:_____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as an applicant for employment with this Agency, I may be required to undergo drug testing as part of the application process.

I hereby acknowledge that any employment relationship with this Agency 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 this "at will" employment relationship may not be changed by any writing by an authorized executive of the Agency.

I hereby authorize you to make such investigations and inquiries into my employment history and other related matters, as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities, listed by me on this application.

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

_____

(Signature of Applicant) (Date)