# Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position(s) Applied for | | Date of Application | | |
|  | |  | | |
| Print Name (Last, First, & Middle) | | | | |
|  | | | | |
| Street Address | | City | State | Zip Code |
|  | |  |  |  |
| Main Phone Number | Alternate Phone Number | Email | | |
|  |  |  | | |

## Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

|  |  |  |
| --- | --- | --- |
| Name of Employer | Supervisor | May we contact? |
|  |  | Yes  No |
| Street Address | | |
|  | | |
| Phone Number | Dates Employed (Month/Year) | |
|  | From | To |
| Job Title and Duties | Reason for Leaving | |
|  |  | |

## Equal opportunity employer/drug-free workplace:

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. We follow a Drug-Free Workplace Policy, which is strictly adhered to.

|  |  |  |
| --- | --- | --- |
| Name of Employer | Supervisor | May we contact? |
|  |  | Yes  No |
| Street Address | | |
|  | | |
| Phone Number | Dates Employed (Month/Year) | |
|  | From | To |
| Job Title and Duties | Reason for Leaving | |
|  |  | |

|  |  |  |
| --- | --- | --- |
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|  |  | Yes  No |
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|  | | |
| Phone Number | Dates Employed (Month/Year) | |
|  | From | To |
| Job Title and Duties | Reason for Leaving | |
|  |  | |

Have you ever been involuntarily terminated or asked to resign from any job?................................................. Yes  No

If yes, please explain

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

## Education

Please describe your educational background in the table provided below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | School Name | Years Completed | Diploma/ Degree (Yes/No) | Area of Study/Major | Specialized Training, Skills, or Extra-Curricular Activities |
| High School |  |  |  |  |  |
| College/ University |  |  |  |  |  |
| Graduate/ Professional School |  |  |  |  |  |
| Trade School |  |  |  |  |  |
| Other |  |  |  |  |  |

## Business and Professional References

Please list three professional references of individuals who are **not** related to you.

|  |  |  |
| --- | --- | --- |
| Name and Title | Relationship | Phone Number or Email |
|  |  |  |
|  |  |  |
|  |  |  |

## Personal References

Please list three people who know you well.

|  |  |  |
| --- | --- | --- |
| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|  |  |  |
|  |  |  |
|  |  |  |

## General Information

1. Have you ever used another name?............................................................................................ Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?................................................................ Yes  No
   1. If yes to either of the above, please explain:

|  |
| --- |
|  |
|  |

1. Have you ever worked for this company before?......................................................................... Yes  No
   1. If yes, please give dates and position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have friends and/or relatives working for this company?............................................... Yes  No
   1. If yes, name(s) and relationship(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. On what date are you available to begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Days/Hours available to work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

1. Are you available to work?  Full-time  Part-time  Shift Work  Temporary
2. If hired, would you have a reliable means of transportation to and from work?....................... Yes  No
3. Can you travel if the position requires it?................................................................................... Yes  No
4. Can you relocate if the position requires it?............................................................................... Yes  No
5. Are you at least 18 years old? ……………………………………………………………………….…………………… Yes  No
   1. Note: If under 18, hire is subject to verification that you are of minimum legal age.
6. If hired, can you present evidence of your identity and legal right to work in this country? Yes  No
7. Are you currently on Lay-Off status and subject to recall?  Yes  No
8. Have you been convicted of or pleaded guilty or nolo contendere (no contest) to a felony or misdemeanor?  Yes  No

a. Note: (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?...................................................................................................... Yes  No
   1. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient causes for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Area Agency on Aging (the “Agency”) to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number, current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the references and previous employers listed to give the Agency all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Agency, including but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation. If then employed, I understand that I will be required to complete a six (6) month introductory period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my introductory period at the Area Agency on Aging for Southwest Florida, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date