

Council on Aging of St. Lucie, Inc.

Application for Employment

Position Desired: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER. Please answer all questions. Incomplete applications may not be Considered. Please print all information. Applications will be kept on file for one year.

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET	CITY, STATE	ZIP
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	

EDUCATIONAL DATA

School	Address	No. Of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Vocational, Trade School				
Other				

List any other job-related skills, educational experience or qualifications that support your application: _____

Honors received: _____

If offered employment, can you submit documentation verifying your identity and legal right to work in the U.S.?
____ Yes ____ No

Are you over 18 years of age? ____ Yes ____ No

In order to permit a check of your work and educational records, please identify any changes of name or assumed names that you have previously used and relevant dates. _____

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please list dates and explain. Attach a separate sheet if necessary. A conviction will not necessarily disqualify you from employment.

CRIMINAL HISTORY WILL BE CHECKED UPON HIRE.

Are you a veteran of the U.S. Military Service? ____ Yes ____ No	Branch of Service: _____
Beginning of active duty: _____	Date of Discharge: _____
Ending date of active duty: _____	Type of Discharge: _____

EMPLOYMENT EXPERIENCE

Please list all former employers, with the most recent first. Account for all time periods, including unemployment, self-employment and military service.

Employer	Telephone No.	Work Performed
Address	Start Date	
	End Date	
Job Title	Starting Salary	
Immediate Supervisor	Ending Salary	
Reason for Leaving	May we Contact?	

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Address	Start Date	
	End Date	
Job Title	Starting Salary	
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Please explain any reasons for not contacting prior employers: _____

Do you currently hold any licenses / certifications that relate to the position? Yes No If yes, please list names of licenses / certifications and issuing state. _____

Are you currently employed? Yes No

Are you on layoff? Yes No

Are you subject to recall? Yes No

Have you ever been discharged or forced to resign from any employment? Yes No if yes, please explain: _____

Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? ? Yes No If yes, please explain: _____

Do you have any friends or relatives who work at Council on Aging? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Relationship
Name	Relationship
Name	Relationship

Character References

Please list three persons not related to you, whom you have known at least one year.

Name	Occupation
Address	Telephone

Name	Occupation
Address	Telephone

Name	Occupation
Address	Telephone

List below any other information or remarks that you wish to have considered as a part of your application for employment. _____

Some of our clients may not speak English. Do you speak, write or understand any foreign languages?
 Yes No

If hired, when can you start? _____

NOTICE TO APPLICANTS: COASL complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and / or undergo a medical examination. If required, all entering employees in the same job category will subject to the same medical questionnaire and / or examination and all information will be kept confidential and in separate files.

COASL is an Equal Opportunity employer. We adhere to a policy of making employment decisions without regard for race, color, age, religion, national origin, disability or marital status. We assure you that your opportunity for employment at COASL depends solely on your qualifications.

COASL is a Substance-Free Workplace. All employees will be required to undergo breath or urinalysis screening for a drug or alcohol use at any time.

APPLICANT'S STATEMENT

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the investigation of all matters concerned with this application and hereby give COASL permission to contact schools, previous employers, references and others, and hereby release COASL from any liability as a result of such contact.

I further authorize my former employers to disclose to COASL any and all letters, reports and other information related to my work history and records, without giving me prior notice of such disclosure. In addition, I hereby release COASL, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that any misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations, omissions of facts called for in this application will be cause for dismissal without notice, regardless of the time elapsed before discovery.

I understand that my employment with COASL is for no specific term and may be terminated by either COASL or myself, with or without notice or cause, at any time. I further understand that no oral promise, COASL policy, custom business practice or other procedure (including any personnel or other manuals) constitutes an employment contract or modification of the at-will employment relationship between COASL and myself.

I understand that the contents of any employee handbook or personnel manual, as well as other COASL policies and practices are subject to change or modification by COASL, solely at it's discretion, without notice. I also understand that no supervisor or other COASL employee (except the President / CEO, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

APPLICANT SIGNATURE

DATE

COASL USE ONLY