



APPLICATION FOR EMPLOYMENT

Area Five Agency on Aging
& Community Services, Inc

1801 Smith Street, Logansport, IN 46947-3447
Phone: 574.722.4451 / 1.800.654.9421 Fax: 574.722.3447

POSITION DESIRED:

Perspective employees will receive consideration without discrimination because of race, color, sex, age, national origin, handicap, or veteran status

PERSONAL INFORMATION

EACH LINE must be completed for this application to be considered

| | | | | | |
|--|--------------------|---|------------------------|--|-------------------------|
| NAME | | | | TODAY'S DATE | |
| Last | | First | | Initial | |
| ADDRESS | | | | How long did you live there? | |
| Street Address | | | | | |
| CITY | | STATE | ZIP | | |
| PREVIOUS ADDRESS | | How long did you live there? | | | |
| Street Address | | | | | |
| CITY | | STATE | ZIP | Social Security #: | |
| List all the States, counties and cities where you have resided in the last 15 years | | | | Are you legally eligible for employment in the United States? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Have you ever applied for employment with Area Five before? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | If yes, give date: | |
| | | | | Are you on a layoff and subject to recall at another employer? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | How did you learn about us? | |
| | | | | AD | Friend |
| CELL PHONE | | | | Relative | Inquiry |
| BUSINESS PHONE | | | | Employment Agency | |
| Do you prefer (check one) | | Full time | | Other | |
| | | Part time | | What hours can you work? | |
| Desired pay average | | When will you be available to begin work? | | | |
| Skills (Check all those that apply) | | | | Will you work over-time if asked? | |
| Calculator | | Typing | | Will you travel if required? | |
| Spreadsheet | | PC/MAC | | | |
| Word Processing | | Other (list) | | | |
| EDUCATION | | | | | |
| SCHOOL | SCHOOL NAME | CITY STATE | COURSE OF STUDY | YEARS | DIPLOMA / DEGREE |
| HIGH SCHOOL | | | | | |
| UNDERGRAD COLLEGE | | | | | |

| | | | | | |
|---------------------------|--|--|--|--|--|
| GRADUATE/ PROFESSIONAL | | | | | |
| OTHER | | | | | |

EMPLOYMENT HISTORY

*Please give accurate, complete full-time and part-time employment history. Start with your present employer and include the last 15 years of work experience. If you need additional space, continue on a separate sheet of paper.

| | | | | | | |
|---------------------------|--|--------------|--|------------|--|--------------|
| Employer | | | | | Employed: <small>(mo/yr)</small> | |
| Address | | | | | From | |
| City | | State | | Zip | | To |
| Telephone | | | | | Weekly Pay | Start |
| Name of Supervisor | | | | | | End |
| Reason for Leaving | | | | | | |

Work Performed

| | | | | | | |
|---------------------------|--|--------------|--|------------|--|--------------|
| Employer | | | | | Employed: <small>(mo/yr)</small> | |
| Address | | | | | From | |
| City | | State | | Zip | | To |
| Telephone | | | | | Weekly Pay | Start |
| Name of Supervisor | | | | | | End |
| Reason for Leaving | | | | | | |

Work Performed

| | | | | | | |
|---------------------------|--|--------------|--|------------|--|--------------|
| Employer | | | | | Employed: <small>(mo/yr)</small> | |
| Address | | | | | From | |
| City | | State | | Zip | | To |
| Telephone | | | | | Weekly Pay | Start |
| Name of Supervisor | | | | | | End |
| Reason for Leaving | | | | | | |

Work Performed

We may contact the above listed employers unless you indicate those you do not want us to contact.

Do not contact: _____ Reason: _____

Describe any job-related training received in the United States military.

Describe any training relevant to the position for which you are applying.

ADDITIONAL INFORMATION

The information requested is needed for legally permissible reason, including, without limitation, national security considerations, legitimate occupational qualification or business necessity. The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some additional types of discrimination based upon ancestry, marital status, and sexual preference.

Are you a United States Citizen? Yes No
Are you over 18 years of age? Yes No

Have you ever been bonded? Yes No
If bonded, with which employers?

Have you ever been arrested or charged with child sexual abuse, other forms of child abuse or neglect, violent felonies or any other criminal offense? Yes No
If you answered yes, what was the nature of the offense(s)

Have you served in the Armed Services? Yes No

If yes, which branch? _____

Please state the dates of service _____

If yes, state the type of discharge _____

Were you convicted? Yes No

Date of conviction _____

Specify the state and county in which you were charged for each offense

Are you currently in the reserves? Yes No

Do you have a valid driver's license? Yes No

Are there any restrictions on your driver's license?

If yes, list all restrictions

Do you have current vehicle insurance? Yes No

Has your license ever been suspended or revoked?

Yes No If yes, please explain

State all of your motor vehicle violations including but not limited to: Speeding, reckless driving, driving under the influence, driving while impaired, or driving while suspended. For each violation state the County and State where the offense occurred and the year of:

Do you have an impairment/physical limitation which would affect your ability to perform certain jobs?

Yes No If yes, please explain the type of jobs which may prove difficult.

For each job listed that may prove difficult for you to perform due to an impairment or physical limitation, are there reasonable accommodations that Area Five could make which would enable you to satisfactorily perform this work? If so, please describe these accommodations.

Have you ever been discharged or asked to resign from any position? Yes No

If yes, for each occasion that you were discharged or requested to resign, please state the name of the employer, the dates of employment and the reason(s) you were terminated or asked to resign.

REFERENCES

Name _____
Address _____ State _____ Zip _____
City _____ Relationship _____
Phone Number _____ Check One Former Employer
Years Known _____ Friend
Best Time to Call _____ Other

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Relationship _____
Years Known _____ Check One Former Employer
Best Time to Call _____ Friend
 Other

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Relationship _____
Years Known _____ Check One Former Employer
Best Time to Call _____ Friend
 Other

FOR OFFICE USE ONLY

This application must be reviewed and initialed by the Director before the new hire may begin employment.
Application reviewed by Director Yes No DATE _____