Huntington County Council on Aging

Application for Employment

NAME____ DATE________________

PRESENT ADDRESS ________________________ CITY ____________________ STATE ________ ZIP ___________

TELEPHONE ____________________________________ SOCIAL SECURITY NO. ______________________________

POSITION(S) APPLIED FOR ____________________________________RATE OF PAY EXPECTED__________ PER HOUR

CAN YOU WORK FULL-TIME? ___________ PART-TIME? ____________

SPECIFY DAYS AND HOURS IF PART-TIME ____

WERE YOU PREVIOUSLY EMPLOYED BY US? ________ IF YES, WHEN? ______________________________________

LIST RELATIVES WORKING FOR US ____

WHAT DATE WILL YOU BE AVAILABLE FOR EMPLOYMENT? ____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR ORGANIZATION? ____

____ ____

RECORD OF EDUCATION

		Circle last year completed	Did you graduate?	List diploma or degree
ELEMENTARY SCHOOL		5 6 7 8	☐ YES ☐ NO	
HIGH SCHOOL		1 2 3 4	☐ YES ☐ NO	
COLLEGE		1 2 3 4	☐ YES ☐ NO	
OTHER (Specify)		1 2 3 4	☐ YES ☐ NO	

LIST PAST EMPLOYMENT BEGINNING WITH YOUR RECENT EMPLOYER

Name and Address of Company And Type of Business	From Mo. Yr.	To Mo. Yr.	Describe the Work You Did	Hourly Starting Salary	Hourly Last Salary	Reason for Leaving	Name of Supervisor
Telephone:							

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Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, what crime?_____

As an employee of Huntington County Council on Aging who will have direct contact with homebound elderly (employee categories affected are at the discretion of the agency), a conviction of the following crimes will disqualify the applicant from being hired: rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect or exploitation of any endangered adult; theft (including criminal conversion); or other violent crimes.

The applicant understands that any employment offered to them by Huntington County Council on Aging is "at-will" and of indefinite duration, and either applicant or Huntington County Council on Aging may terminate that employment at any time, with or without notice, and for any reason. No agreement to the contrary will be recognized by Huntington County Council on Aging unless such agreement is in writing, approved by the Board of Directors and signed by President of the Board.

I attest that all information submitted in this application is true and Huntington County Council on Aging has my permission to check all references listed.

Name: _____ Date: _____

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

APPLICANT –*Do Not Write in This Section (For Interviewer's Use)*

EMPLOYER REFERENCE CHECK

NAME	RESULTS OF REFERENCE CHECK	DATE

PERSONAL REFERENCE CHECK

NAME	RESULTS OF REFERENCE CHECK	DATE