



Employment Application

131 West Tyler Street, Suite 1A, Elkhart, IN 46516
PH: 574-295-1820 FAX: 574-294-5924

Position for which you are applying: _____ Desired Pay Rate: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Telephone: _____ DOB: _____ SS No: _____

Has an employer, school or reference known you by another name? If yes, indicate other name: _____

Employment and background screenings are required for all positions. Proof of a valid Driver's License and Vehicle Insurance are mandatory for all Drivers, Caregivers, and other employees required to utilize a motor vehicle to a position related function.

Driver's License No: _____

License No: _____ State Issued: _____

Vehicle Insurance Provider: _____ Policy No: _____

Have you ever been convicted of, plead guilty to or pled no contest to a crime (excluding misdemeanors and traffic violations)? Yes _____ No _____

If yes, explain: _____

Were you referred to COA? By whom: _____

Have you ever been employed by COA before? If yes, when? _____

Do you have any friends or relatives working for COA? Please list names and relationship: _____

EDUCATION:

High School: _____ Last grade completed: _____

Address: _____
Street City State Zip

College: _____ Last year completed: _____

Address: _____
Street City State Zip

Course/Major: _____ Did you graduate? Yes _____ No _____

Degree: _____ Are you still enrolled? Yes _____ No _____

MILITARY SERVICE:

Branch: _____ RANK: _____

Date Entered: _____ Date Discharged: _____

If you have service-related skills applicable to civilian employment, please describe: _____

EMPLOYMENT HISTORY: *(beginning with most recent employer)*

Company: _____ Job Title: _____

Address: _____
Street City State Zip

Telephone: _____ Dates Employed: _____ to _____

Salary / Wage: _____ Supervisor: _____

Reason for leaving: _____

Company: _____ Job Title: _____

Address: _____
Street City State Zip

Telephone: _____ Dates Employed: _____ to _____

Salary / Wage: _____ Supervisor: _____

Reason for leaving: _____

Company: _____ Job Title: _____

Address: _____
Street City State Zip

Telephone: _____ Dates Employed: _____ to _____

Salary / Wage: _____ Supervisor: _____

Reason for leaving: _____

REFERENCES:

Name: _____ Years Acquainted: _____

Address: _____
Street City State Zip

Telephone: _____ Type of Association: ☐ Personal ☐ Professional

Name: _____ Years Acquainted: _____

Address: _____
Street City State Zip

Telephone: _____ Type of Association: ☐ Personal ☐ Professional

Name: _____ Years Acquainted: _____

Address: _____
Street City State Zip

Telephone: _____ Type of Association: ☐ Personal ☐ Professional

TECHNICAL / COMPUTER SKILLS AND OTHER TRAINING:

Equal Employment Opportunity Employer

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the Council on Aging will be based on merit, qualifications, and abilities. The Council on Aging does not discriminate in employment opportunities or practices on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, age, disability, limited proficiency in English or any other characteristic protected by law.

The Council on Aging will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

The Council on Aging will provide reasonable accommodation, upon request, to an employee's religious beliefs.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of the Executive Director. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Violations of Council on Aging's EEO Policy will not be tolerated and will result in appropriate discipline, up to and including discharge. If you believe this Policy has been or is being violated, you must report the violation immediately per the reporting procedure outlined in corporate problem resolution and grievance policies.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with Council on Aging solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that Council on Aging and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, Council on Aging may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: All persons seeking employment or employed with Council on Aging may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by Council on Aging, and further consent to have the specimen tested at a laboratory selected by Council on Aging.

Signature: _____ Date: _____

By your signature below, you hereby authorize us to obtain a consumer report, criminal history report and driving record about you in order to consider you for employment.

Signature: _____ Date: _____

Printed Name: _____

Sponsored by:

