



# Employment Application

## PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No If no, please state accommodation needed \_\_\_\_\_

## EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Have you ever worked for this company before? Yes No

If Yes, Where: \_\_\_\_\_ When: \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you know anyone who works for our company? Yes No

If yes, who? \_\_\_\_\_ How do you know them?: \_\_\_\_\_

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade, Business or Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

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

Computer Skills (please describe):

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, **starting with the most recent and working backwards in time.** Incomplete information could disqualify you from further consideration.

From	<input type="text"/>	To	<input type="text"/>	Employer Name	<input type="text"/>	
Job Title	<input type="text"/>		Supervisor	<input type="text"/>	Telephone	<input type="text"/>
Job responsibilities	<input type="text"/>			Address	<input type="text"/>	
				Reason for Leaving	<input type="text"/>	

From	<input type="text"/>	To	<input type="text"/>	Employer Name	<input type="text"/>	
Job Title	<input type="text"/>		Supervisor	<input type="text"/>	Telephone	<input type="text"/>
Job responsibilities	<input type="text"/>			Address	<input type="text"/>	
				Reason for Leaving	<input type="text"/>	

From	<input type="text"/>	To	<input type="text"/>	Employer Name	<input type="text"/>	
Job Title	<input type="text"/>		Supervisor	<input type="text"/>	Telephone	<input type="text"/>
Job responsibilities	<input type="text"/>			Address	<input type="text"/>	
				Reason for Leaving	<input type="text"/>	

We are an equal opportunity employer and 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.

Please read carefully before signing.

SOWEGA Council on Aging is an equal opportunity employer. SOWEGA Council on Aging does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. All qualified applicants will receive consideration for employment.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SOWEGA Council on Aging to hire me. If I am hired, I understand that either SOWEGA Council on Aging or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SOWEGA Council on Aging has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SOWEGA Council on Aging true and complete information on this application. No requested information has been concealed. I authorize SOWEGA Council on Aging to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.