



Area Agency on Aging, PSA2
 40 W. Second St., Suite 400
 Dayton, OH 45402

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date Application Completed: _____

Position Applied For: _____ Full Time _____ Part Time _____

Name _____
 (Last) (First) (MI)

Address _____
 (Number & Street) (City & State) (Zip)

Telephone Number _____ Social Security #: _____

Date Available to Begin Employment _____ Salary Desired: \$ _____

Are you Currently Employed? _____. May we inquire of your present employer?

EDUCATION						
SCHOOL NAME	LOCATION		MONTH & YEAR ATTENDED		DEGREE &/OR COURSE (S)	GPA
	City	State	From	To		

Other Training:

Do you have any plans for future education or training? _____Yes _____No

If yes, explain: _____

ABILITIES, EXPERIENCE, SKILLS

Note: Work History is on Page 2 of this application. In this Section DESCRIBE abilities, skills, experience and etc. which particularly qualify you for the position which you are now making application.

WORK HISTORY			
MONTH/YEAR EMPLOYED		Firm Name:	
From	To	Address: _____	
		(Street)	(City & State) (Zip)

		Position Held:	
		Reason for Leaving:	
		Immediate Supervisor:	
		Name @ Time of Leaving this Firm	End Salary @ This Firm:

MONTH/YEAR EMPLOYED		Firm Name:	
From	To	Address: _____ (Street) (City & State) (Zip)	

		Position Held:	
		Reason for Leaving:	
		Immediate Supervisor:	
		Name @ Time of Leaving this Firm	End Salary @ This Firm:

MONTH/YEAR EMPLOYED		Firm Name:	
From	To	Address: _____ (Street) (City & State) (Zip)	

		Position Held:	
		Reason for Leaving:	
		Immediate Supervisor:	
		Name @ Time of Leaving this Firm	End Salary @ This Firm:

VOLUNTEER EXPERIENCES--Relating to the Position for Which You Are Making Application		
Date	Organization	Nature of Work

MILITARY	
Date Entered:	Branch:
Date Discharged:	Rank @ Discharge:
Draft/Reserve Status:	Special Training:
Duties:	

REFERENCES---List Three (3) References other than relatives or past employers.

1. Name:	Phone #:
Address (Number & Street) (City & State) (Zip)	Occupation:
2. Name:	Phone #:
Address (Number & Street) (City & State) (Zip)	Occupation:
3. Name:	Phone #:
Address (Number & Street) (City & State) (Zip)	Occupation:

1. Have you ever been bonded? _____ Bonding Company.

2. Have you ever been convicted of a felony violation of law? No _____ Yes _____
 If yes, explain fully : _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as an applicant for employment with this company I may be required to undergo drug testing as part of the application process.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

_____ (Signature of Applicant) _____ (Date)