

Application for Employment Wood County Committee on Aging

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status except where a bona fide occupational qualification is required for a specified position.

(PLEASE PRINT)

Position Sought: _____	Date of Application: _____
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Family Member <input type="checkbox"/> WCCOA Employee <input type="checkbox"/> Experience Works <input type="checkbox"/> Other	For Office Use Only: Date Application Rec'd. _____ by: _____ Date Reference Checks Completed: _____

Name: _____			
Last	First	Middle Initial	
Mailing Address: _____			
Number	Street or PO Box	City	Zip Code
Telephone Number(s) Daytime: _____ Evening: _____ E-Mail Address: _____	Social Security Number: _____ Drivers License Number: _____ Do You Have a Commercial Drivers License Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been convicted of a DUI/ license suspension during the past five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Education

School	Name of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Post Graduate / Professional				
Other (i.e. Continuing Education Courses or Certifications) attach additional page(s) as needed				
Skilled Trades or Vocational Training				

Work Experience

Present or Most Recent Employer:	Dates Employed		Work Performed
_____	From	To	Please Indicate: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Address: _____			Responsibilities: _____
Telephone Number (s): _____			_____
Your Job Title: _____			_____
Supervisor: _____			
Reason for Leaving: _____			

Previous Employer:	Dates Employed		Work Performed
_____	From	To	Please Indicate: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Address: _____			Responsibilities: _____
Telephone Number (s): _____			_____
Your Job Title: _____			_____
Supervisor: _____			
Reason for Leaving: _____			

Previous Employer:	Dates Employed		Work Performed
_____	From	To	Please Indicate: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Address: _____			Responsibilities: _____
Telephone Number (s): _____			_____
Your Job Title: _____			_____
Supervisor: _____			
Reason for Leaving: _____			

Previous Employer:	Dates Employed		Work Performed
_____	From	To	Please Indicate: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Address: _____			Responsibilities: _____
Telephone Number (s): _____			_____
Your Job Title: _____			_____
Supervisor: _____			
Reason for Leaving: _____			

NOTE: Please attach a page listing all other employment experience.

Comments: Please include explanation of any gaps in employment.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other legally protected status:

Organization	Dates	Office (s) Held

What skills do you have which might qualify you to fill the position for which you are applying?

References (Professional / Job Related) All references will be checked prior to hire:

Name	Phone Number (daytime)	Occupation	How Known

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment and in any resume submitted as may be necessary in arriving at an employment decision. I further authorize investigation of all of the information I am providing or which is uncovered in the course of a background investigation to determine my suitability for employment and hold harmless anyone providing facts concerning my background. I further understand that I am eligible for bonding and insurable under agency policy.

This application for employment shall be considered active for a period of time not to exceed 180 calendar days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise identified by applicable law, any employment or relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime (with proper notice) and that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I acknowledge and understand that a responsibility of my employment may require the ability to lift a minimum of 30 pounds. I further understand that it may be necessary in my employment to operate a Wood County Committee on Aging vehicle.

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

Signature

Date

Please submit completed application form in person or by mail to:

**WCCOA
305 North Main Street
Bowling Green, OH 43402-2424**

Or by fax: (419) 352-7448