



Application for Employment

Date:

Personal Information:

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

First Name:		Last Name:	
Address:		City:	Zip:
Phone:	Cell:	Email:	
Please list any special training or skills (CDL, languages, etc.)			
Position Applying For:		Desired Salary:	Available Start Date:

Are you eligible to work in the United States? YES NO

Have you previously worked for Services for Aging? YES NO

Do you have any relatives working for Services for Aging? YES NO

Are you willing to undergo a background check, in accordance with local law/regulations? YES NO

Are there specific times you are unavailable to work? YES NO

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

Have you ever been terminated from employment or asked to resign by an employer? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

Are you currently employed? If so, may we contact your current employer? YES NO

How did you hear about the position? _____

Education

	School Name	No. of Years Completed	Degree Received	Did you Graduate	
High School	_____			YES	NO
Business, or Trade School	_____			YES	NO
College, or University	_____			YES	NO

Employment History

Include up to your last 7 years of employment. Begin with your current or most recent employer.

Current Employer or Recent Employer (circle one)

1)	Employer Name		Dates of Employment:		
			From:	To:	
	Phone #:	Job Title:	May we contact?		
		YES NO			
Supervisor Name & Title:		Reason for Leaving:			
2)	Employer Name		Dates of Employment:		
			From:	To:	
	Phone #:	Job Title:	May we contact?		
		YES NO			
Supervisor Name & Title:		Reason for Leaving:			
3)	Employer Name		Dates of Employment:		
			From:	To:	
	Phone #:	Job Title:	May we contact?		
		YES NO			
Supervisor Name & Title:		Reason for Leaving:			
4)	Employer Name		Dates of Employment:		
			From:	To:	
	Phone #:	Job Title:	May we contact?		
		YES NO			
Supervisor Name & Title:		Reason for Leaving:			

References

List 3 persons not related to you, whom you have known at least three years

	Name:	Company:	Phone/Email:	Years Acquainted:
1)	_____			
2)	_____			
3)	_____			

Statement

Please read before signing

An Equal Opportunity Employer - All qualified applications 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.

Services for Aging, Inc is an equal opportunity employer. Services for Aging, Inc does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Services for Aging, Inc to hire me. If I am hired, I understand that either Services for Aging, Inc 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 Services for Aging, Inc has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Services for Aging, Inc true and complete information on this application. No requested information has been concealed. I authorize Services for Aging, Inc to contact the 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 90 DAYS FROM THE DATE
SIGNED/DATED ABOVE.**