

LAGRANGE COUNTY COUNCIL ON AGING, INC. APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) AN EQUAL OPPORTUNITY EMPLOYER
Applicants are considered without regard to race, color religion, sex, national origin, age, marital, veteran status,
or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE No. _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Referred by: _____

Are you employed now? yes no If so may we inquire of your present employer? yes no

Ever applied to this company before? yes no If so when? _____

Have you ever been discharged or asked to resign from a job? yes no If yes from which business _____

Have you ever been convicted of a felony or misdemeanor? yes no If yes please explain details in full including dates, details of offence(s), charged, jurisdiction and disposition of case. _____

In Case Of Emergency Notify _____

name address phone number

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	YEAR GRADUATED	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSINESS	_____	_____	_____	_____
CORRESPONDENCE	_____	_____	_____	_____
SPECIAL STUDIES OR RESEARCH	_____	_____	_____	_____

Have you tested positive, or refused a test on any pre-employment drug and alcohol test administered by an employer to which the applicant or transferee applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during past two year?

PERSONAL REFERENCES: Please provide the names, addresses, phone numbers and how long acquainted of three persons not related to you.

Name _____ #Years Acquainted _____
Street Address _____
City/State/Zip _____ Phone _____

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may regardless of date or date of payment of my wages and salary, be terminated at any time without any prior notice.

I understand also, that I am required to abide by all rules, regulations and policies of the LaGrange County Council On Aging, Inc.

DATE _____ APPLICANT SIGNATURE _____

ALL APPLICATIONS KEPT ON FILE FOR NO MORE THAN THREE (3) MONTHS.

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EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities.

Employer _____
Job Title _____ Supervisor _____
Street Address _____
City/State/Zip _____ Phone _____
Describe duties, responsibilities, accomplishments _____

Reason for leaving _____
Dates of employment (Month & Year) From: _____ To _____

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**FOR COMPANY USE ONLY
DO NOT WRITE BELOW THIS LINE**

INTERVIEWED
BY _____

DATE _____

REFERENCES
CHECKED _____

REMARKS _____

HIRED: yes no

POSITION _____

SALARY/HOURLY WAGE _____

DATE REPORTING TO WORK _____

APPROVED
BY: _____