

PRAIRIE COUNCIL ON AGING

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name of Applicant: _____ Date of Application: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Message Phone (If different from home phone): _____

If employed, can you provide proof of authorization to work in the U.S.? Yes: _____ No: _____

Please list the position(s) for which you are applying: _____

Can you perform all the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes: _____ No: _____

How were you referred to Prairie Council on Aging? _____

EDUCATION HISTORY

A. HIGH SCHOOL

Name of High School _____

Address of High School: _____

Did you graduate from high school? Yes: _____ No: _____ If yes, when did you graduate?

If no, which grade did you complete? _____ When did you complete that grade? _____

B. COLLEGE

Did you attend a college/university? _____

If yes, please state the name of the college/university: _____

Address of college/university: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

C. OTHER POST-HIGH SCHOOL EDUCATION

Did you attend a trade or technical training school? _____

If yes, please state the name of the school: _____

School Address: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

D. POST COLLEGE EDUCATION

Did you attend a graduate school? _____

If yes, please state the name of the graduate school: _____

School Address: _____

Number of years attended: 1 2 3 4. Did you receive a degree or diploma? _____ When? _____

Please list the nature of any degrees or diplomas you received and the date you received each degree or diploma which you believe makes you qualified for employment at Prairie Council on Aging in the position for which you are applying:

SPECIAL SKILLS:

Summarize any special skills or qualifications that you acquired through education, training, employment, or other experiences which you believe makes you qualified for employment at Prairie Council on Aging:

EMPLOYMENT HISTORY:

Starting with your current employer, list all previous employers for whom you have worked. We may contact your previous employers, therefore, please provide as complete an address as possible. Explain any gaps between employment at the end of this section.

1. Employer: _____ Dates of Employment: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor or Manager's Name: _____

2. Employer: _____ Dates of Employment: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor or Manager's Name: _____

3. Employer: _____ Dates of Employment: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor or Manager's Name: _____

Please comment briefly below regarding any gaps in employment, if applicable: _____

Have you ever been fired, involuntarily terminated, or asked to resign? Yes: _____ No: _____

If yes, please explain: _____

Please provide us with information you want us to know before we contact your previous employers: _____

Have you been employed by Prairie Council on Aging before? Yes: _____ No: _____

If yes, when were you employed at Prairie Council on Aging? _____ In what capacity? _____

May we contact your current employer? Yes: _____ No: _____

PERSONAL DATA

Have you ever been convicted of a crime? (*A conviction will not necessarily bar you from employment*) Yes: _____ No: _____ If yes, explain: _____

Personal references: Please list 2, preferably teachers (for recent graduates) and/or other non-relatives who would have information concerning your ability to perform the work required of you at Prairie Council on Aging. Please provide names, addresses, and telephone numbers of those persons you list as personal references and specify your relationship with each reference.

1. _____

2. _____