



Athens Community Council on Aging
 135 Hoyt Street
 Athens, GA 30601
 (706) 549-4850

Application for Employment

Senior Community Services Employment Program

COUNTY: _____

PERSONAL INFORMATION

Date _____

Name _____ SSN _____

Last First Middle

Home Address _____

Street City County State Zip

Mailing Address _____

Street City County State Zip

Phone #: Home () _____ Work () _____ Date of Birth _____

Email _____ Who Referred You For This Job? _____

Position(s) Applied for _____

Full Time Part Time Temporary

Have you filed an application here before? Yes No What position(s)? _____ Date(s) _____

_____ Date(s) _____

Are you currently employed? Yes No

Are you registered with the Department of Labor? Yes No If yes, when did you register? _____

Have you ever been employed here before? _____ If yes, give dates _____ Under what name _____

EDUCATION - SPECIFIC COLLEGE HOURS MUST BE LISTED IN THIS SECTION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational School Attended	No. of months	Area of Study	Date Completed
Name and Location of Schools Attended		Field of Study or Area of Concentration Major Minor		Degree Obtained	Dates Attended
1.					
2.					
3.					
Licenses and Certificates					
1.		Specialization		Certificate #	Expiration
2.		Specialization		Certificate #	Expiration

Work History - You may not submit a resume in lieu of completing this section.

Begin with your current or most recent job. You may include military and volunteer experience. If you worked for the same employer at various times and held different positions, describe each separately. Emphasize work you feel relates to the job for which you are applying.

Current or Last Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? 9 Yes 9 No
Details of Duties:					
Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? 9 Yes 9 No
Details of Duties:					
Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? 9 Yes 9 No
Details of Duties:					

SPECIAL QUESTIONS

• Do you have access to a personal car for use on the job? **9** Yes **9** No

• Insurance Carrier: _____

• Policy Number: _____

• Drivers License Number: _____ Class: _____ Expiration Date: _____

• Moving Violation within last three years (date and violation): _____

• Have you ever been convicted of a felony?

Yes No Signature _____

• Have you ever been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable source) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

Yes No Signature _____

SPECIAL SKILLS and QUALIFICATIONS

List any additional training or experience that might qualify you for this position. Please include volunteer experience and computer skills.

-OVER-

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and understand that, if employed, false or misleading statements on this application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I consent to all medical examinations required both as a condition of employment and continuing employment. Should I be accepted for employment I will fully adhere to the rules and regulations of employment at the Athens Community Council on Aging. Upon termination of employment I authorize the release of reference information of my work for the Athens Community Council on Aging.

X _____
 Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

THIS SECTION FOR EMPLOYER'S USE

Position Considered _____ Regular ____ Temporary ____
 _____ Supplementary _____
 Full time ____ Part time ____

Meets Minimum Requirements Yes No If no, explain _____

Interviewed Yes Date _____ Interviewers _____

No Date Notified _____

Comments:

Staff Signature _____ Date _____

Employed Yes Date of Employment _____ Hourly Rate/Salary _____

No Date Notified _____

ATHENS COMMUNITY COUNCIL ON AGING

Senior Community Services Employment Program (Title V)

PRE-EMPLOYMENT QUESTIONNAIRE

	YES	NO
1. Are you registered with the Department of Labor? (If answer is "NO" you must register with DOL before being considered for a placement with this program)	_____	_____
2. Are you or your spouse currently employed or self employed? ^(CIRCLE ANSWER) (If answer is "YES", what is the name of the company, how long have you worked there, if self-employed, what type of work do you do and how long have you been self employed)	_____	_____
ENROLLEE _____		
SPOUSE _____		
3. Do you or your spouse receive SSI, Disability or Social Security? (If answer is "YES" you must show proof of benefits received)	_____	_____
ENROLLEE _____		
SPOUSE _____		
4. Do you or your spouse receive any type pension? (If answer is "YES" you must show proof)	_____	_____
ENROLLEE _____ (PENSION PLAN)		
SPOUSE _____ (PENSION PLAN)		
5. Is your family income zero? (If answer is "YES" you must have a notarized statement explaining how you have supported yourself within the last 6months)	_____	_____
6. Are you a veteran? (If answer is "YES" show proof of DD Form 214)	_____	_____
7. Are you homeless? (If answer is "YES" where do you sleep at night)		

8. Did you graduate from high school? (If answer is "NO" what is the highest grade you completed) _____	_____	_____

YES

NO

9. Is English your primary language? (If "NO" please explain)

10. Are you seeking full time employment?
(If your answer is "NO" this will not stop you from being on this program)

11. Currently our program pays minimum wages \$_____.
Are you still interested in the program?
