

Check List for Applicant

Applicant must be able to provide the following items upon request:

Please only if you have the following:

1. Current Driver's License _____
2. Current Automobile Insurance Card _____
3. Social Security Card _____
4. Resume (if not available please ask for our resume form) _____

Note to Applicant:

Council on Aging will conduct a Background Check and Drug Screening prior to hiring.

Applicant Signature

Date

Print Name

I am available to work: (Full-Time _____) (Part-Time _____)

(Days _____) (Nights _____) (Weekends _____) If needed please explain:

**APPLICATION
FOR
EMPLOYMENT**



Council on Aging of Volusia County
420 Fentress Blvd.
Daytona Beach, FL 32114



Council on Aging of Volusia County Inc. & COA In-Home Services (subsidiary of COA, Inc.) is an equal opportunity employer by both policy and practice and complies with all Federal and State laws which forbid discrimination.

Complete all sections which pertain to you. Do not include a resume as a substitute for completing the application. Sign and date the application. Applications with missing information will not be considered applications under the law.

First, how did you hear about this position? _____ Today's Date: _____

Position applied for: _____ E-MAIL: _____

TELEPHONE: () _____ CELL PHONE () _____

(PRINT) LAST NAME:	(PRINT) FIRST NAME	MI	
ADDRESS	CITY	STATE	ZIP
		FL	

Are you eligible to work in the USA? ___ Yes ___ NO

If you are under the age 18, can you provide proof of eligibility for work? ___ Yes ___ No

Have you, since the age of 18, been convicted of a felony? ___ Yes ___ No

If yes, please explain _____
(A conviction will not necessarily exclude you from being considered for employment. Each conviction will be judged on its own merit with respect to the time passed, circumstances and seriousness of the crime).

Have you ever applied to us before? ___ Yes ___ No If yes, give date _____

If employed, may we contact your present employer? ___ Yes ___ No

Are you available to work: ___ Full Time ___ Part Time ___ Nights ___ Weekends

EDUCATION

	Name of School	Course of Study	Years Completed	Degree
High School				
Undergraduate				
Graduate				
Other				

SKILLS

List any business machines you are capable of operating and any other special skills relevant to the position for which you are applying. Please (✓) all that apply:

Computer: Microsoft Word ___ Excel ___ Access ___ Outlook ___ Power Point ___ Internet ___

Multi-line Phone System ___ Other _____

List any other hobbies, interests or other skills which have a direct bearing on the job you are seeking. List any language, other than English, you can speak. You are not required to list any information which might reveal your race, religion, sex or national origin.

EMPLOYMENT HISTORY

Complete your job history for the last four employers or a minimum of ten years. Fill in all contact phone numbers and addresses for prior & current employers.

Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	

REFERENCES

1. Name _____ Phone # () _____
2. Name _____ Phone # () _____
3. Name _____ Phone # () _____

**COUNCIL ON AGING OF VOLUSIA COUNTY &
COA IN-HOME SERVICES(Subsidiary of COA, Inc)
CONSENT AGREEMENT**

Reference Checking and Background Investigations: I hereby give the Council on Aging the right to make a thorough investigation of my past employment, education, activities and credit history. In addition, upon employment, I agree to submit to a security examination at any time at the request and expense of the Council on Aging as permitted by law. I understand that the results of any such investigation may be used to make decisions concerning my employment. I release and indemnify the Council on Aging against any liability which might result from making such an investigation. I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENTS OR IMPLICATIONS MADE BY ME IN THIS APPLICATION OR OTHER REQUIRED DOCUMENTS, MAY RESULT IN DENIAL OF EMPLOYMENT OR SUBSEQUENT DISCHARGE. I further understand and agree that the results of any investigation may be communicated to the Council on Aging, and any others it deems appropriate.

Employment at Will I understand that my employment status is "at will" and, that the Council on Aging reserves the right to terminate my services at any time, with or without notice, with or without cause. Furthermore, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the Council on Aging and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Council on Aging unless made in writing by the Chief Operating Officer or his/her authorized representative.

Employment Eligibility Verification I understand that any offer of employment is conditioned on my ability to establish my identity and eligibility for employment in the United States.

Drug Testing As a prerequisite to employment, I hereby agree to allow the Council on Aging to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Agency management for appropriate review.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the Council on Aging, I must abide by the terms of the Agency's drug free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Agency, and disciplinary action, up to and including discharge, may result if 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Agency, if the test establish a violation of the Agency's drug-free workplace policy, or 4) I otherwise violate the policy.

I hereby agree to all terms and conditions of this consent agreement.

"I agree that any claim or lawsuit relating to my service with the Council on Aging must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

Smoking I understand that smoking is not permitted during working hours, at any time on agency managed facility properties including parking lots, or while driving a private automobile while on company time.

Applicants Signature _____

Date _____

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND
CONSUMER REPORTS**

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING.

A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION CONCERNING YOUR CHARACTER, EMPLOYMENT HISTORY, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, POLICE RECORD, EDUCATION, QUALIFICATIONS, MOTOR VEHICLE RECORDS, MODE OF LIVING AND/OR CREDIT AND INDEBTEDNESS, MAY BE OBTAINED IN CONNECTION WITH YOUR APPLICATION FOR AND/OR CONTINUED EMPLOYMENT WITH THE EMPLOYER. **A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED AT ANY TIME DURING THE APPLICATION PROCESS OR DURING YOUR EMPLOYMENT WITH THE EMPLOYER.** **A** CONSUMER REPORT CONTAINING INJURY AND ILLNESS RECORDS AND MEDICAL INFORMATION MAY BE OBTAINED AFTER A TENTATIVE OFFER OF EMPLOYMENT HAS BEEN MADE. **U**PON TIMELY WRITTEN REQUEST OF THE HUMAN RESOURCES DEPARTMENT OF THE EMPLOYER, AND WITHIN 5 DAYS OF THE REQUEST, THE NAME, ADDRESS, AND PHONE NUMBER OF THE REPORTING AGENCY AND THE NATURE AND SCOPE OF THE INVESTIGATIVE CONSUMER REPORT WILL BE DISCLOSED TO YOU. **B**EFORE ANY ADVERSE ACTION IS TAKEN, BASED IN WHOLE OR IN PART ON THE INFORMATION CONTAINED IN THE CONSUMER REPORT, YOU WILL BE PROVIDED A COPY OF THE REPORT, THE NAME, ADDRESS, AND PHONE NUMBER OF THE REPORTING AGENCY AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.

I HAVE READ, ACKNOWLEDGED AND AUTHORIZED THE ABOVE STATEMENT.

NAME

SIGNATURE **DATE**

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview **Yes** **No** **Remarks** _____

INTERVIEWER

DATE

Employed **Yes** **No** **Date of Employment** _____

Hourly Rate/Salary _____ **Number of Hours per week:** _____

Job Title _____ **Department** _____

By _____
Name and Title **Date**

NOTES _____

Resume

Name _____

Address _____

Phone _____ Email _____

Career Objective

Professional Experience

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Resume (cont'd) – Page 2

Name _____

Education

School _____ Dates Attended: From _____ To _____

Course of Study / Major _____

School _____ Dates Attended: From _____ To _____

Course of Study / Major _____

Additional Skills, Training & Experience
