



A NON-PROFIT SERVING VOLUSIA SENIORS

Employment Application



This application must be completed in its entirety. A resume cannot be substituted as a replacement for this application form. Incomplete applications will not be considered.

Personal Data – please print all information

Name (Last, First, MI)		Date	
Home Address	City	State	Zip
Home Phone		Alternate/Cell Phone	
Position Applying For		Minimum Salary Requirement	Date Available to start
Hours Available to Work	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	
Are you under the age of 18? If "YES," can you provide proof of your eligibility to work?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently authorized to work in the United States? If hired, proof of eligibility will be required.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been discharged or been asked to resign from any job? If yes, please explain.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever served in the armed services? If yes, please provide the following information: Branch? _____; Dates of duty: from _____ to _____; Rank _____ Special training that will qualify you for the position for which you are applying:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list any relatives employed by the organization:		Department:	
How were you referred to this position? <input type="checkbox"/> COA Website <input type="checkbox"/> Family/Friend <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> Other:			

Education/Training Information

Type of School	Name of School	Location	No. of Years Completed	Major	Degree
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Graduate/ Professional					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Technical/ Other					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Certifications/ Skills					

Employment Information - List in order (most recent/present employer first)

Name and Address of Employer		Employment Dates	
		From: To:	
Your last job title:	Reason for leaving:		
Responsibilities/duties of this position:			
Supervisor's Name:	Phone:	Email:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Employer		Employment Dates	
		From: To:	
Your last job title:	Reason for leaving:		
Responsibilities/duties of this position:			
Supervisor's Name:	Phone:	Email:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Employer		Employment Dates	
		From: To:	
Your last job title:	Reason for leaving:		
Responsibilities/duties of this position:			
Supervisor's Name:	Phone:	Email:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Employer		Employment Dates	
		From: To:	
Your last job title:	Reason for leaving:		
Responsibilities/duties of this position:			
Supervisor's Name:	Phone:	Email:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

References – Please provide the following Professional references (Past Employer/Supervisor/Co-Worker) At least ONE MUST be a previous supervisor

Relationship:	Name	E-mail	Phone
Relationship:	Name	E-mail	Phone
Relationship:	Name	E-mail	Phone

Application Agreement

I understand that nothing contained on the application or conveyed during any interview may be used to create an employment contract between me and Council on Aging of Volusia County, Inc. I understand and agree that if I am employed, my employment is for no definite or determinable period. Just as I retain the right to terminate employment at any time, for any reason, Council on Aging of Volusia County, Inc. and its entities retain the similar right. This is not subject to change unless made in writing by a designated executive COA official.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment or termination.

I authorize Council on Aging of Volusia County, Inc. to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Council on Aging of Volusia County, Inc. to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I release Council on Aging of Volusia County, Inc. and any individual or entity providing information to Council on Aging of Volusia County, Inc. from all liability for any damages from the disclosure of this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. After you have read the agreement carefully, please sign and date. Council on Aging of Volusia County, Inc. is an Equal Employment Opportunity/Affirmative Action Employer.

Signature _____ Date _____