

# 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  
P. O. Box 671  
Daytona Beach, FL 32115



COA In-Home Services  
131 E. New York Ave.,  
#216 2<sup>nd</sup> Floor,  
Wells Fargo Bldg.  
Deland. FL 32724

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.

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### 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.

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

### 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. UPON 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. BEFORE 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** \_\_\_\_\_

\_\_\_\_\_  
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# Resume

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Career Objective

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## Professional Experience

Company Name \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Position/Title \_\_\_\_\_

Responsibilities

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Company Name \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Position/Title \_\_\_\_\_

Responsibilities

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Company Name \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Position/Title \_\_\_\_\_

Responsibilities

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## 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

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