

**Jackson County Commission on Aging
Application for Employment**

Date: ____ / ____ / ____

Personal Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

Are you a: US Citizen _____ **or An Eligible Noncitizen** _____
(You will be required to furnish proof of lawful work status if you are extended a job offer)

Position(s) applied for: _____

Date available for work: ____ / ____ / ____

Salary expected: _____

Do you know of any current reason why you will not be able to perform the essential functions of the job for which you are applying?

Yes / No (circle)

If yes, please explain: _____

Have you ever been convicted of a crime? Yes / No (circle)

If yes, please describe in detail the criminal conviction(s). List the nature of the offense, the date, and your rehabilitation since the conviction(s). (A conviction record will not necessarily prevent employment)

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Have you previously worked with Jackson County Commission on Aging?

Yes / No (circle)

If yes, please list: Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Previous supervisor(s): _____

Previous department(s): _____

Reason for leaving: _____

Employment History

List below all present and past employers beginning with your most recent position.

1

Employer Name: _____

Type of Business: _____

Phone: _____ Supervisor: _____

Describe the work you did: _____

Starting Pay: _____ Ending Pay: _____

Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Reason for leaving: _____

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2

Employer Name: _____

Type of Business: _____

Phone: _____ **Supervisor:** _____

Describe the work you did: _____

Starting Pay: _____ **Ending Pay:** _____

Start date: ____ / ____ / ____ **End date:** ____ / ____ / ____

Reason for leaving: _____

3

Employer Name: _____

Type of Business: _____

Phone: _____ **Supervisor:** _____

Describe the work you did: _____

Starting Pay: _____ **Ending Pay:** _____

Start date: ____ / ____ / ____ **End date:** ____ / ____ / ____

Reason for leaving: _____

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Character References

List individuals, other than relatives, that we may contact.

1

Name: _____

Address: _____

Phone: _____ Relationship: _____

How long have you known this person? _____

2

Name: _____

Address: _____

Phone: _____ Relationship: _____

How long have you known this person? _____

3

Name: _____

Address: _____

Phone: _____ Relationship: _____

How long have you known this person? _____

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Education

(circle last year completed)

Elementary – 5 6 7 8 High school – 9 10 11 12 College – 1 2 3 4

Post graduate degrees, if any: _____

Describe any other training such as military, vocational etc.: _____

Post graduate institution(s) attended, if any: _____

Additional Information

Use this space for additional comments or explanations as necessary:

Name any relatives currently working for Jackson County Commission on

Aging: _____

Federal and state laws prohibit discrimination in employment due to sex, age, race, color, religious creed, marital status, national origin, ancestry, citizenship, liability for service in the armed forces of the United States, disability, or any other protected classification.

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PLEASE READ AND SIGN:

I understand that if employed, any false statement on this application may result in my immediate dismissal. I further understand that this application is not intended to be a contract of employment nor does this application obligate the Jackson County Commission on Aging in any way.

Furthermore, I understand that if I am hired, my employment will be at will and can be terminated with or without cause at any time, at the discretion of either the company or myself.

I hereby give permission to contact all previously listed employers and character references that I have listed, except for the following:

I understand that by filling out this application, I will not be guaranteed a position with Jackson County Commission on Aging.

Applicant Signature: _____

Applicant Print Name: _____

Date: ____ / ____ / _____

Information Release

I, _____ do hereby authorize the Jackson County Commission on Aging to secure any necessary information from all my past employers, references, academic, training, or vocational institutions, etc. I hereby release all individuals providing said information including but not limited to employers, references, academic, training, or vocational institutions, and the Jackson County Commission on Aging from any and all liability arising from their giving or receiving information about my employment history, academic credentials, or qualifications, and my suitability for employment with the Jackson County Commission on Aging.

Signature: _____

Date: ____ / ____ / _____