

## Applicant Information

**Address:**

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

**Position Applied for:** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

## Education

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?** YES ☐ NO ☐ **Degree:** \_\_\_\_\_

## References

**Address:**

# Harlan Co. Committee on Aging, Inc.

## Application for Employment

### Previous Employment

Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Skills & Qualifications

Please note qualifications that may be helpful to this agency: \_\_\_\_\_  
\_\_\_\_\_

### Disclaimer and Signature

*Harlan Co. Committee on Aging, Inc. is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, disability or veteran status.*

*By signing this application, I certify that this application is complete and accounts to the best of my knowledge that I have not made any attempts to falsify any information. Further, this Agency and or its agents may request employment information from my previous employers, persons, or corporations who may provide information related to my previous employment and will be released from any liability damage. I understand that if I am hired, the Agency reserves the right to terminate my employment whenever the need arises without prior notice.*

*State Law requires all Senior Citizen Employees to have a Criminal Background Check, and sign a Confidentiality Agreement, as a condition of employment. I also understand that I will be required to undergo a Tuberculosis Screening and Drug Screening.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Dated Hired: \_\_\_\_\_ Position: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_