



Employment Application

If you require any assistance to complete this employment application, please contact our Office Manager. Any false information, misrepresentation or omission on this application or on any accompanying material may disqualify you from consideration for employment and may be considered sufficient justification for terminating your employment whenever discovered. Employment with North Central Area Agency on Aging (NCAAA) is at will, which means that the employment relationship may be terminated at any time and for any reason at the option of either NCAAA or the employee. This application must be fully completed. Incomplete applications may be rejected.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Wage/Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the United States of America?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 16 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

(Please read the following statements carefully and, if you agree, initial each line to the left of each statement.)

_____ I certify that my answers are true and complete to the best of my knowledge.

_____ I understand that nothing in this application is intended to create a promise of employment for any period of time or create any contractual duty to me.

_____ I further understand that employment at NCAAA is at will, meaning that NCAAA and the employee have the right to terminate employment at any time, for any reason or no reason, and with or without notice. No representative of NCAAA, except a duly authorized officer, has any authority to enter into any employment agreement with an employee and any such agreement must be in writing and must be signed by both the authorized officer and the employee.

_____ I further understand that any misrepresentation, falsification or withholding of information regarding my employment history, educational attainments, qualifications, or other background information may disqualify me from consideration for employment or, if already employed, may result in disciplinary action up to and including immediate termination. I affirm that all statements and information submitted in connection with my application for employment are true and complete.

_____ If employed, I understand that I will be bound by NCAAA's personnel policies and all practices that govern employees. I understand that I may obtain information about these policies and practices from NCAAA's Office Manager.

_____ I have no commitments, whether contractual or otherwise, that would affect my employment with NCAAA, including without limitation duties or responsibilities with other organizations that would create a conflict of interest between another organization and NCAAA or any agreements that purport to restrict my duties or responsibilities with NCAAA such as non-compete, non-solicitation, or confidentiality agreements.

_____ I hereby authorize NCAAA, its employees, agents and independent contractors to conduct an investigation into my background for the purpose of evaluating my qualifications for employment. I agree that they may request information from former employers, education institutions, law enforcement agencies, individuals with whom I have associated, and others who may have information about my competence, character or qualifications, and any other sources considered appropriate.

_____ I hereby release NCAAA, its employees, agents and independent contractors from any liability for their actions in investigating, considering and evaluating my competence, character and qualifications for employment, and further release all individuals and organizations that provide information concerning my competence, character, qualifications, and other applicable background information.

_____ I understand that NCAAA may amend, change or cancel its employment policies and/or benefit plans at any time as allowed by law or by the plan documents.

_____ I understand that any offer of employment from NCAAA is contingent on my successful completion of a background check and compliance with the Immigration Reform and Control Act, including verification of employment authorization on an USCIS Form I-9.

I have read, understand and agree to all of the above statements.

Signature: _____ Date: _____