



# Athens Community Council on Aging

135 Hoyt Street  
Athens, GA 30601

## Application for Employment

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Last First Middle SSN \_\_\_\_\_

Present Address \_\_\_\_\_  
 Street City State Zip

Permanent Address \_\_\_\_\_  
 Street City State Zip

Phone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Are you 18 Years or Older?  Yes  No

Who Referred You For This Job? \_\_\_\_\_

Positions(s) Applied for \_\_\_\_\_  
 Full Time  Part Time  Temporary

Have you filed an application here before?  Yes  No  
 What position(s)? \_\_\_\_\_ Date(s) \_\_\_\_\_  
 \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If yes, give dates \_\_\_\_\_ Under what name if different from your current employer? \_\_\_\_\_

### EDUCATION - SPECIFIC COLLEGE HOURS MUST BE LISTED IN THIS SECTION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational School Attended	No. of months	Area of Study	Date Completed
Name and Location of Colleges or Universities Attended		Field of Study or Area of Concentration Major Minor		Degree Obtained	Dates Attended
1.					
2.					
3.					

Licenses and Certificates			
1.	Specialization	Certificate#	Expiration
2.	Specialization	Certificate#	Expiration

**Work History** - You may not submit a resume in lieu of completing this section.

Begin with your current or most recent job. You may include military and volunteer experience. If you worked for the same employer at various times and held different positions, describe each separately. Emphasize work you feel relates to the job for which you are applying.

Current or Last Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Duties:					
Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Duties:					
Employer		Address			
		Phone			
Official Job Title		Supervisor		From: (month/years)	To: (month/years)
Hours per Week	Starting Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	Reason for Leaving		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Duties:					

**SPECIAL QUESTIONS**

• Do you have access to a personal car for use on the job?  Yes  No

• Insurance Carrier: \_\_\_\_\_

• Policy Number: \_\_\_\_\_

• Drivers License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

• Moving Violation within last three years (date and violation): \_\_\_\_\_

• Have you ever been convicted of a felony?

Yes  No

Signature \_\_\_\_\_

• Have you ever been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable source) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

Yes  No

Signature \_\_\_\_\_

**SPECIAL SKILLS and QUALIFICATIONS**

List any additional training or experience that might qualify you for this position. Please include volunteer experience and computer skills.

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge and understand that, if employed, false or misleading statements on this application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I consent to all medical examinations required both as a condition of employment and continuing employment. Should I be accepted for employment I will fully adhere to the rules and regulations of employment at the Athens Community Council on Aging. Upon termination of employment I authorize the release of reference information of my work for the Athens Community Council on Aging.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

**THIS SECTION FOR EMPLOYER'S USE**

Position Considered \_\_\_\_\_ Regular \_\_\_\_ Temporary \_\_\_\_  
 \_\_\_\_\_ Supplementary \_\_\_\_\_  
 Full time \_\_\_\_ Part time \_\_\_\_

Meets Minimum Requirements  Yes  No If no, explain \_\_\_\_\_

Interviewed  Yes Date \_\_\_\_\_ Interviewers \_\_\_\_\_

No Date Notified \_\_\_\_\_

Comments:

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes Date of Employment \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 No Date Notified \_\_\_\_\_