



Area 1 Agency on Aging

Promoting Independence for a Lifetime

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This is an application for the Area 1 Agency on Aging and all affiliated programs, including Senior Information and Assistance (I&A), the Volunteer Center of the Redwoods (VCOR), the Retired and Senior Volunteer Program (RSVP), the Health Insurance Counseling and Advocacy Program (HICAP), and Caregiver Services

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A COMPLETE APPLICATION INCLUDES:

- Completed A1AA Application
- Cover Letter
- Resume
- 1 Professional Letter of Reference

EXECUTIVE DIRECTOR

CINDY DENBO

434 7TH STREET
EUREKA, CA 95501
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(707) 442-3714 (FAX)
(800) 408-4636 (TOLL FREE)

Area 1 Agency on Aging Employment Application Form

The Area 1 Agency on Aging (A1AA) is an Equal Opportunity/Affirmative Action Employer and complies with all city, state and federal employment laws when selecting employees. A1AA does not discriminate on the basis of age, race, color, creed, sex, sexual orientation, mental or physical disability, political affiliation or national origin in the actions of recruiting, hiring, training and promoting people in all job classifications.

Please answer all questions. Write N/A if question does not apply.

Position Applying For: _____

Earnings Expected: _____

PERSONAL

Name _____
Last First Middle Initial Nickname (known as)

Home Address _____
Street

City State Zip Telephone (____) _____

Business Address _____
Street

City State Zip Telephone (____) _____

Message Telephone (____) _____ Date Available for Employment _____

How did you become aware of this opening? _____

Why is this position of interest to you? Please explain _____

Have you ever been fired or terminated from a position? _____ Employer _____

Have you ever been convicted of any crime? Exclude convictions that have been sealed, expunged or legally eradicated. Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program. Yes ____ No ____

If yes, please briefly describe the nature of the crimes(s), the date and place of conviction and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Are you currently out on bail or released on your own recognizance pending trial? Yes _____ No _____

BUSINESS EXPERIENCE

Please provide a complete work history starting with your present or most recent position. If your complete work history includes more than three jobs, or if you wish to provide other information you consider important, please attach additional sheets. You may include any summer, volunteer or part-time work which may have provided you with special training or skills that might be applicable to this position.

1. Job Title _____ Employed from _____ to _____

Company _____

Business Address _____
Street City State Zip

Telephone (____) _____ Wages/Earnings _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

2. Job Title _____ Employed from _____ to _____

Company _____

Business Address _____
Street City State Zip

Telephone (____) _____ Wages/Earnings _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

3. Job Title _____ Employed from _____ to _____

Company _____

Business Address _____
Street City State Zip

Telephone (____) _____ Wages/Earnings _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

COMMUNITY/PROFESSIONAL ACTIVITIES

What organizations or activities have you participated in which may further qualify you for the position for which you are applying? (These might include professional, trade or civic organizations.)

LANGUAGE

Do you speak, write, or understand any languages other than English? Yes No

If yes, which language(s)? _____

Indicate level of proficiency on this scale: *Basic* _____ *Fluent*
1 2 3 4 5

EDUCATION & TRAINING

Are you a high school graduate or equivalent? Yes _____ No _____

Type of School	Name/City/State	Number of Years Attended	Degree, if Graduated	Major	Minor
Business/Vocational:					
Health Care Training:					
College/University:					
Graduate School:					
Other:					

Academic Achievements/Certifications/Special Aptitudes: _____

ABILITY TO PERFORM JOB

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

TRAVEL/OVERTIME

Are you willing and able to travel if required? _____ How Much? _____

The nature of our business may require overtime or evening work. Is there any reason you would not be able to work unusual hours, if required?

TRANSPORTATION If hired, do you have access to a reliable means of transportation? Yes No

OFFICE SKILLS

Check the following only if applicable to the position for which you are applying:

Personal Computer _____ Ten Key _____ Copiers _____
Central Telephone System _____ Personal Computer _____

SOFTWARE PROFICIENCY:

Microsoft Office Suite: Yes No Adobe Pagemaker/InDesign: Yes No

Other _____

PLEASE LIST TWO PROFESSIONAL REFERENCES:

Name Address Telephone

Name Address Telephone

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the Area Agency on Aging to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers and all others from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency, and that no promises or representation contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative.

Initials I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

Signature

Name _____ Date _____
(Please Print)