



EMPLOYMENT APPLICATION

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 Health Insurance Counseling and Advocacy Program (HICAP), and Long-Term Care Ombudsman.

A COMPLETE APPLICATION PACKET INCLUDES:

- Completed A1AA Employment Application
- Cover Letter
- Professional Letters of Reference
(as specified in job announcement)

If additional space is needed for information, a separate sheet may be added

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 (____) _____

Email Address: _____

Business Address _____
Street

City State Zip Telephone (____) _____

Message Telephone (____) _____ Date Available for Employment _____

How did you become aware of this opening? _____

Have you ever applied to or worked for the Area 1 Agency on Aging before? Yes No

If yes, when? _____

Do you have any friends or relatives working for the Area 1 Agency on Aging? Yes No

If yes, state names(s) and relationships:

Name Relationship

Name Relationship

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age.)

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

Have you ever been fired or terminated from a position? Yes No Employer _____

EMPLOYMENT HISTORY

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. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Job Title _____ Employed from _____ to _____

Employer _____

Business Address _____
Street City State Zip

Telephone (____) _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

May we contact this employer? Yes No

2. Job Title _____ Employed from _____ to _____

Employer _____

Business Address _____
Street City State Zip

Telephone (____) _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

May we contact this employer? Yes No

3. Job Title _____ Employed from _____ to _____

Employer _____

Business Address _____
Street City State Zip

Telephone (____) _____

Key Responsibilities _____

Immediate Supervisor (Name & Title) _____

Reasons for Leaving _____

May we contact this employer? Yes No

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 Completed	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 _____

SOFTWARE PROFICIENCY:

Microsoft Office Suite: Yes No

Other _____

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 1 Agency on Aging to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, unless otherwise specified above. I further authorize the references I have provided to disclose to the Agency 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 In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials I understand that all offers of employment are conditioned upon satisfactory completion of a background check.

Initials I understand that if I am hired, my application will be kept as part of my employee file until (INSERT #) years after my employment ends. If I am not hired, my application will be kept on file for 1 year and then destroyed.

Initials Should a search of public records be conducted by internal personnel employed by the Agency, I am entitled to copies of any such public records obtained by the Agency unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest" indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Agency will only be used to the extent allowed by federal, state, or local law..

I waive receipt of a copy of any public record described in the paragraph above.

Signature

Name _____ Date _____
(Please Print)