



COUNCIL ON AGING INC., *SERVING ST. CLAIR COUNTY*

600 Grand River Avenue | Port Huron, MI 48060 | (810) 987-8811

EMPLOYMENT APPLICATION

INSTRUCTIONS: Answer all questions. Questions may be job-related or required by state or federal law, depending on the position you are applying for. Only the answers relating to the position you are applying for will be considered. The Council on Aging Inc., serving St. Clair County is a RANDOM DRUG TESTING, SMOKE-FREE ENVIRONMENT, AND AT-WILL EMPLOYER.

APPLICANT INFORMATION									
Last Name:			First:			M.I.		Date:	
Street Address:						Apartment/Unit#:			
City:			State:			Zip:			
Phone:			Email:						
Date Available:			Social Security Number:						
Position Desired:					Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp. <input type="checkbox"/>	On-Call <input type="checkbox"/>	
Do you have a current Michigan driver's license? If not, what State? _____			YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL#:			Exp.	
Is your license currently valid?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Type (Operator/Chauffeur/CDL):				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not are you lawfully eligible to work in the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been fired from a job before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:				
Have you ever been convicted of a crime including vehicular violations?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:				
Are you able to perform job functions for this position?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:			Under Age of 18 Yes <input type="checkbox"/> No <input type="checkbox"/>	
If ever employed under another name please list:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	What Name?				
Have you ever been employed by Council on Aging?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dates/Dept./Explain:				
Do you have any relatives employed by Council on Aging?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name(s)/Relationship:				
EDUCATION									
High School:				Address:					
From:		To:	Did You Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Courses Related to Position:			
College:				Address:					
From:		To:	Did You Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:				Address					
Dates			Did You Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Certificate:			
MILITARY SERVICE									
Branch:					Dates:				
Rank at Discharge:					Type of Discharge:				
If other than honorable, explain:									

PREVIOUS EMPLOYMENT – BEGIN WITH MOST RECENT JOB FIRST				
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary \$:	Ending Salary \$:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities:				
From:	To:	Hours Worked per Week:	Reason for Leaving:	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Number of employees you supervised:	
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary \$:	Ending Salary \$:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities:				
From:	To:	Hours Worked per Week:	Reason for Leaving:	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Number of employees you supervised:	
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary \$:	Ending Salary \$:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities:				
From:	To:	Hours Worked per Week:	Reason for Leaving:	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Number of employees you supervised:	
SPECIAL SKILLS/CERTIFICATIONS/LICENSING				
INTERESTS/HOBBIES				
REFERENCES				
<i>Please list three professional references.</i>				
Name:	Organization:		Phone:	
Address:			Relationship:	
Name:	Organization:		Phone:	
Address:			Relationship:	
Name:	Organization:		Phone:	
Address:			Relationship:	
DISCLAIMER AND SIGNATURE				
APPLICANT CERTIFICATION: READ CAREFULLY AND SIGN YOUR NAME.				
A false answer to any question on this form may be grounds for not hiring you, or for dismissing you after you are hired.				
All answers are subject to investigation.				
I certify that all statements made on this application for employment are true, complete, and correct to the best of my knowledge and belief.				
Signature:			Date:	