

TUSCARAWAS COUNTY SENIOR CENTER
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Position Applied for:

Date of Application

Name _____
 Last First Middle

Address _____

Telephone Number(s) _____(H) _____(C)

Are you 18 years of age or older? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country
because of Visa or Immigration Status? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available to start work? _____

I am interested in: _____ Full Time Employment _____ Part Time Employment

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you ever been convicted of or pleaded guilty to a felony? _____ Yes _____ No

If yes, please explain _____

Have you ever been convicted of or pleaded guilty to child abuse, elder abuse or other crimes
listed in section 5104.09 of the Ohio Revised Code? _____ Yes _____ No

If yes, please explain _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College or University				
Graduate Professional				
Other (Specify)				

OTHER QUALIFYING FACTORS

CERTIFICATIONS: (Proof of certifications may be required prior to employment)

Type	Date Received	Expiration Date
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If relevant, please describe word processing, software, and office equipment experience.

Please list any other related skills or training.

Briefly describe what makes you feel qualified to be selected to fill the position you are applying for.

MILITARY SERVICE RECORD

Have you served in the united States armed forces? _____ Yes _____ No

If yes, what branch _____ Rank Attained _____

Dates of service from _____ to _____

What were your duties in the service (include special training and duty station)?

EMPLOYMENT HISTORY

Are you currently employed?

_____ Yes

_____ No

Can we contact your present employer?

_____ Yes

_____ No

Name of Employer	Telephone Number
Address	Employment Dates (month/year)
Job Title	From To
Supervisor	Duties
Salary (start) (end)	Reason for leaving

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EMPLOYMENT REFERENCES

(List individuals familiar with your job qualifications, not including family members)

Name	Daytime Phone
Address	Evening Phone
Relationship	How long known

Name	Daytime Phone
Address	Evening Phone
Relationship	How long known

Name	Daytime Phone
Address	Evening Phone
Relationship	How long known

Please read carefully before signing this form.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be the cause for subsequent dismissal if I am hired. I understand that the Tuscarawas County Senior Center has a zero tolerance standard for abuse or inappropriate behavior from its employees.
2. I authorize the Tuscarawas County Senior Center to investigate my responses on this application and contact any or all of my present employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information whether favorable or unfavorable, about me or my employment. I also authorize and give my consent to the release of consumer or investigative reports including criminal background checks to the Tuscarawas County Senior Center. (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. All successful applicants are subject to the personnel policies of the Tuscarawas County Senior Center.

Signed by Applicant _____ **Date** _____