

COLES COUNTY COUNCIL ON AGING APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of sex, religion, age, national origin, race, ancestry, marital status, physical or mental handicap, or unfavorable military discharge.

PERSONAL

Date: _____

Name: _____ Date of Birth: _____

Present Address: _____

Job applied for: Dial A Ride Driver Telephone Number: _____

Have you worked at the Council on Aging before? _____ Yes _____ No

If yes, When? _____

List any relative working for the Council on Aging, and their relationship to you: _____

List other experiences, skills or qualifications, which you feel would especially qualify you for the position you have applied for: _____

Have you failed or refused a pre-employment Department of Transportation test within the past two years?
_____ Yes _____ No (drug or alcohol testing)

Is there any reason you could not perform safely and reliably the tasks required of the position(s) you have applied for? _____

You will be required to pass a DOT physical, drug test, and background check before employment.

If hired, on what date would you be available to start work? _____

PROFESSIONAL REFERENCES (Must list 3)

Name and Occupation	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Can be emailed to ksanders@lifespancenter.org , or dropped off at the Dial A Ride Garage.

List experiences, skills or qualifications, which you feel would especially qualify you for the positions that you are applying for:

PRIOR WORK HISTORY (List in order, last or present employer first)

1)

Dates From- To	Name and Address of Employer	Telephone Number		Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____

2)

Dates From- To	Name and Address of Employer	Telephone Number		Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____

3)

Dates From- To	Name and Address of Employer	Telephone Number		Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____
