

Pickaway County Senior Center
2105 Chickasaw Drive, P.O. Box 565
Circleville, OH 43113
Phone: (740) 474-8831 Fax:(740) 477-8114

MASTER

APPLICATION FOR EMPLOYMENT

E-MAIL ADDRESS

DATE

NAME: _____ SOCIAL SECURITY# _____

(LAST) (FIRST) (MIDDLE INITIAL)

(STREET NUMBER AND NAME)

(PHONE NUMBER)

(CITY)

(STATE)

(COUNTY)

(ZIP CODE)

POSITION APPLYING FOR: _____ Full-time _____ Part-time _____

DATE AVAILABLE FOR WORK: _____ EXPECTED SALARY: _____

REASON FOR INTEREST IN THIS POSITION: _____

SPECIAL TRAINING/SKILLS: _____

REFERENCES:

Please list names of individuals (other than relatives) qualified to comment on your past employment record. If not previously employed, list names of individuals (other than relatives) who can comment on your character and personal qualities.

| NAME | ADDRESS | OCCUPATION | PHONE |
|------|---------|------------|-------|
| | | | |
| | | | |
| | | | |

EDUCATION

| EDUCATION | SCHOOL Name and Address | TYPE OF MAJOR | DID YOU GRADUATE? | DEGREE/CREDITS |
|--|----------------------------|------------------|----------------------|----------------|
| ELEMENTARY | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE, UNIVERSITY OR TECH. SCHOOL | | | | |
| OTHER SCHOOLS | | | | |

MILITARY HISTORY: Are you a veteran? yes no Branch of Service_____

Dates Served _____ Date of Honorable Discharge _____

Date of Dishonorable Discharge_____

EMPLOYMENT HISTORY

Please account for all years. Begin with the most recent.

1. _____

| Years | From/To | Position | Reason for Leaving |
|--|---------|----------|--------------------|
| Organization | | Address | Salary |
| Name and Title of Immediate Supervisor | | | (Area Code) Phone |

2. _____

| Years | From/To | Position | Reason for Leaving |
|--|---------|----------|--------------------|
| Organization | | Address | Salary |
| Name and Title of Immediate Supervisor | | | (Area Code) Phone |

3. _____

| Years | From/To | Position | Reason for Leaving |
|--|---------|----------|--------------------|
| Organization | | Address | Salary |
| Name and Title of Immediate Supervisor | | | (Area Code) Phone |

Do you have any relatives working for this company? _____

Are you authorized to work in the United States? If not, have you filed an application for citizenship?

Are you able to perform the duties of the job (with or without reasonable accommodation) for which you are applying?
Yes No

Were you ever removed, for cause, from any previous employment? If so, give explanation:

Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information, which become a part of this record, are to be regarded as confidential and will not be revealed to me. I understand the Senior Center will conduct an inquiry regarding my background and experience, and I authorize participating persons to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied.

Date _____ Signature _____

AFFIDAVIT OF CRIMINAL RECORD INFORMATION

Instructions:

This form is to be completed by all applicants prior to employment. The completed form must be attached to the application form for all employment positions.

Part 1 is completed and signed by the Director after the applicant has been recommended for a position.

Part 2 is completed in full by the applicant.

Part I

Certification by the Director

I approve the fingerprint processing of the within named applicant in the title of _____.

Director

Date

Part 2

AFFIDAVIT

1. I _____, now reside at _____
(Print Your Name) (Street Address)

(City) (State) (Zip Code) (Telephone Number)

2. My Social Security Number is: _____ - _____ - _____.

3. I have applied for employment with Pickaway County Senior Center for the position title of _____ and I agree to complete the process of being fingerprinted for a criminal record investigation as required.

4. I understand that the Senior Center is required by Ohio Law to investigate to determine whether I have any criminal record and will evaluate that record. I understand that if I am a finalist for this position, which involves providing direct care to an individual, that I will be responsible to provide a set of fingerprint impressions. I agree to accept employment on a conditional basis until completion of this investigation. I further understand that if I have been convicted of a criminal offense, or if any criminal charges are pending against me, my conditional employment will be terminated. _____ (Please Initial)

5. Put a check mark next to all that apply:

I have never been convicted of a criminal offense and no criminal actions are pending against me

I have been convicted of the following criminal offenses. Please explain and include the date of the conviction(s); crime(s) of which you were convicted; the jurisdiction(s) in which you were convicted; and whether you have been issued a relief from disabilities or a certificate of good conduct with regard to the conviction(s). _____

I have a pending criminal charge(s) against me. Please explain and include the date and jurisdiction of the charge: _____

6. I certify that the statements contained herein, and in any explanatory enclosures, are to the best of my knowledge and belief, true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for Pickaway County Senior Center to: (a) refuse to hire me; and/or (b) terminate me, if I have been employed.

Applicant (Sign Name in Full)

*****Office Use Only*****

Approved for Employment: _____
Director Date

APPLICANT REFERENCE

It is important that each prospective employee submit character/employment references to the Director for consideration. Please have your references fill out the form below and return it to the following address:

**Pickaway County Senior Center
2105 Chickasaw Drive; P.O. Box 565
Circleville, OH 43113
(740) 474-8831**

APPLICANT'S NAME: _____

POSITION APPLYING FOR: _____

TO BE COMPLETED BY THE PERSON PROVIDING REFERENCE:

1. How many years have you known this applicant? _____

2. In what capacity have you known this applicant? _____

3. What is your evaluation of the applicant's skills in reference to his/her interaction with senior citizens?

4. Please comment about the applicant's reliability, motivation, personality or other attributes that may affect an employment relationship.

SIGNATURE: _____ DATE: _____

NAME: _____

POSITION: _____

ORGANIZATION: _____

PHONE NUMBER: _____