

Adams County Council on Aging, Inc.

1109 Dayton Street, Room 1

Decatur, IN 46733

(260) 724-5316

Application for Employment

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Name _____ Date _____
Social Security Number _____
Address _____ Driver's License Number _____
Phone Number _____
Date of Birth _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Employment Desired

Position _____ Date you can start _____
Are you employed now? _____ If so, may we inquire of your present employer? _____
Have you ever been employed by this company before? _____ If so, when? _____
Who were you referred by? _____

Education

	Name and Location of School	# Years Attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

General

Special Skills _____
Activities _____
U.S. Military or Naval Service _____ Rank _____ Present membership in _____
National Guard or Reserves

(Continued on the other side)

Former Employers (List below the last three employers, starting with the last one first)

Date Month and Year	Name and address of employer	Position	Reason for leaving
From			
To			
From			
To			
From			
To			

References: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with our without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the forgoing.”

Date _____ Signature _____

Do not write below this line

Interviewed _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired Yes No Position _____

Salary/wage _____ Date reporting to work _____

Approved _____