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| AT-WILL EMPLOYMENT APPLICATION |
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EQUAL EMPLOYMENT OPPORTUNITY POLICY:

It is the policy and practice of the Auglaize County Council on Aging to abide by all anti-discrimination laws provided for by federal, state, and local statutes and regulations. It is also the policy and practice of the ACCA to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the ACCA to hire, train, promote, compensate, and administer all employment practices without regard to race, color, sex, sexual orientation, age, marital status, religion, veteran status, national origin, medical condition, handicap, or disability unrelated to the ability to perform the essential functions of a job. Furthermore, the ACCA is committed to complying with the Americans With Disabilities Act and similar state laws. If you believe that you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact that you may have a disability, please notify the ACCA within three days of your application of your specific needs for a reasonable accommodation so that the company can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job application process, the ACCA reserves the right to require the applicant to furnish documentation from an appropriate professional (for example, a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or the functional limitations for which a reasonable accommodation is requested.

Date _____

Name

Last

First

Middle

Social Security No. _____

Present Address

Street Address

City

State

Zip Code

Home Telephone No. _____

Alternate Telephone No. _____

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

Are you over 18 years of age? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status?
☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor (except minor traffic offenses) which has not been expunged or is otherwise exempt from disclosure under Ohio law? ☐ Yes ☐ No

If yes, please explain in detail the facts relative to the disclosable conviction(s). An answer of "yes" will not disqualify any applicant for consideration for a job; rather, such information is only relevant in determining whether the conviction is directly related to the job for which you are applying, and whether it would pose an unreasonable risk to property or safety.

List any special skills you have or business machines you can operate, for example, computer skills, programming, word processor, calculator, etc. Please indicate skill level.

Educational Background

| Type of School | Name & Address | # Years Completed | Graduated | Course or Major |
|----------------|----------------|-------------------|--------------|-----------------|
| High School | | | __ Yes __ No | |
| | | | | |
| | | | | |
| College | | | __ Yes __ No | |
| | | | | |
| | | | | |
| Post Graduate | | | __ Yes __ No | |
| | | | | |
| | | | | |
| Other | | | __ Yes __ No | |
| | | | | |

Have you ever worked under a different name? Yes No

If yes, what name?

If required for the job, do you have a valid driver's license? Yes No N/A

If yes, what is your driver's license number?

Prior Work History (Please indicate most recent first)

| | | |
|---|-------|--------------------------------------|
| Employer's Name | | Dates of Employment |
| Address (street, city, state, zip code) | | Telephone |
| Type of Business | | |
| Title, Duties & Responsibilities | | |
| | | |
| Supervisor (name, title & telephone number) | | May we contact as a reference? __Yes |
| Salary Starting | Final | Specific Reason for Leaving |

| | | |
|---|-------|--------------------------------------|
| Employer's Name | | Dates of Employment |
| Address (street, city, state, zip code) | | Telephone |
| Type of Business | | |
| Title, Duties & Responsibilities | | |
| | | |
| Supervisor (name, title & telephone number) | | May we contact as a reference? __Yes |
| Salary Starting | Final | Specific Reason for Leaving |

| | | |
|---|-------|---|
| Employer's Name | | Dates of Employment |
| Address (street, city, state, zip code) | | Telephone |
| Type of Business | | |
| Title, Duties & Responsibilities | | |
| | | |
| Supervisor (name, title & telephone number) | | May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary Starting | Final | Specific Reason for Leaving |

YOU MAY SUBMIT A RESUME OR ADDITIONAL PAGES TO SUPPLEMENT YOUR PRIOR WORK HISTORY

Professional References (Excluding Relatives)

| Name | Occupation | Address | Telephone |
|------|------------|---------|-----------|
| 1. | | | |
| 2. | | | |

Please include here any other information regarding any job-related skills you have, which you think would be helpful to us in considering you for employment.

How did you hear of us? ☐ Referral ☐ Advertisement ☐ Other

I authorize any person, school, current employer, or past employees (except as previously noted), listed references, and organizations named in this application form (and accompanying resume, if any) to provide the ACCA with relevant information that may be useful in making a hiring decision, and I release such persons and organizations and the ACCA from any legal liability in making and receiving such statements. I certify that all information on this application, on my resume, and on any other documents I have submitted during the hiring process is true and complete. I understand that, if employed, any false information, omissions, or misrepresentations made on this application, on my resume, or on any other documents I have submitted during the hiring process may result in the denial of employment or dismissal if I am hired.

In consideration of my employment by the Auglaize County Council on Aging, I agree to conform to the agency's rules and regulations and to perform any work which may be considered necessary by this agency, and to take physical or other examinations when required and as permitted by law.

I understand, agree, and acknowledge that any employment relationship that may result from this application will be of an "at-will" at all times and that either I or the ACCA may terminate my employment relationship at any time and for any reason or no reason and with or without cause. I also understand, agree, and acknowledge that no employee of the ACCA has any authority whatsoever to make any promises or arrangements with me that change the "at-will" nature of any employment relationship that may result between me and the company. I also understand the "at-will" nature of my employment may be altered only by a subsequent written instrument signed by me and by the Executive Director of the ACCA.

Signature

Date