



APPLICATION FOR EMPLOYMENT

This application must be completed by the person applying for employment. Please print all responses. Also, please advise us if any accommodations are required to assist you in the application process. Age Well Senior Services, Inc. ("AWSS") is an **Equal Opportunity Employer**. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal/and or state law prohibit discrimination on the basis of race, color, creed, religion, sex, national origin, age, disability or any other protected status. Federal law, however, prohibits the employment of any person who does not have the legal right to work in the United States. Screening for illegal drug use and a criminal background check may be required as a condition of employment.

PLEASE PRINT CLEARLY AND ANSWER EVERY QUESTION COMPLETELY.

(If the question does not apply to you, write "Not Applicable" or "N/A")

Date: _____

Last Name **First Name** **Middle Initial**

Current Street address **City** **State** **Zip Code**

Telephone: (_____) _____
Day/Cell **Evening** **Email Address**

Have you had any changes to your name or used an assumed name? Yes No

If **YES**, please identify name(s): _____

How did you hear about the job opening?

- Company Website Relative _____ Internet: _____
 Walk-in Friend _____ Other: _____

Position(s) for which you are applying:

Type of employment you desire: Full-time Part-time Temporary

Rate of pay desired: \$ _____ Date available to begin work: _____

Are you currently employed? Yes No *If yes, may we contact your current employer?* Yes No

Are you at least 18 years of age or older? Yes No

(If under 18, you must be of minimum legal age; a work permit may be required by law.)

Do you have any friends or relatives working with Age Well Senior Services? Yes No

If YES state name(s) and relationship to you:

EMPLOYMENT HISTORY

List the names of your present and previous employers in chronological order. List your current or most recent position first. Be sure to account for all periods of time including military service or any period of unemployment. If self-employed, give firm name and supply business references. Attach additional sheets if needed.

■ **Present or Last Employer:** _____

Address: _____

Telephone : (____) _____ Your Job Title _____

Supervisor's Name & Title: _____

Dates Employed: **FROM: (Month/Year)** _____ **TO: (Month/Year)** _____

Summarize nature of work performed, job responsibilities and relevant skills acquired:

Exact Reason for Leaving: _____

May we contact this employer for a reference? Yes No

■ **Employer:** _____

Address: _____

Telephone #: (____) _____ Your Job Title: _____

Supervisor's Name & Title: _____

Dates Employed: **FROM: (Month/Year)** _____ **TO: (Month/Year)** _____

Summarize nature of work performed, job responsibilities and relevant skills acquired:

Exact Reason for Leaving _____

May we contact this employer for a reference? Yes No

■ **Employer:** _____

Address: _____

Telephone #: (____) _____ Your Job Title: _____

Supervisor's Name & Title: _____

Dates Employed: **FROM: (Month/Year)** _____ **TO: (Month/Year)** _____

Summarize nature of work performed, job responsibilities and relevant skills acquired:

Exact Reason for Leaving _____

May we contact this employer for a reference? Yes No

■ **Employer:** _____

Address: _____

Telephone #: (____) _____ Your Job Title: _____

Supervisor's Name & Title: _____

Dates Employed: **FROM: (Month/Year)** _____ **TO: (Month/Year)** _____

Summarize nature of work performed, job responsibilities and relevant skills acquired:

Exact Reason for Leaving _____

May we contact this employer for a reference? Yes No

Have you ever been terminated or asked to resign from any job? Yes No

If YES, please explain circumstance and list which job _____ If

you have worked for us before, the position and dates of employment: _____

EDUCATION

School Name/Location <i>(Must be Completed)</i>	Years Completed <i>(Circle)</i>	Diploma/Degree <i>(circle one)</i>	Describe Course Study/Major
High School	9 10 11 12	Yes/No	
Name/Location			
College/University	1 2 3 4	Yes/No	
Name/Location			
Graduate/Professional	1 2 3 4	Yes/No	
Name/Location			
Trade/Correspondence			
Name/Location			
Other			
Please list any other experience, training, skills or qualifications that you possess, which you believe may be relevant in evaluating your application for employment. <i>(Exclude information that reveals your race, age, religion, sex, color, marital status, national origin, sexual orientation, medical condition, mental or physical disability or other protected status.)</i>			

AUTHORIZATION TO WORK

If you are hired, will you be able to submit verification of your legal right to work in the United States? Yes No

Please answer the following question if the position for which you are applying for requires driving.

Do you have a current driver's license? Yes No State: _____

PERSONAL REFERENCES

Please list persons who know you well- **not previous employers or relatives**

Name, Occupation & Address	Telephone #	Years Known

APPLICANT'S CERTIFICATION, AUTHORIZATION & ACKNOWLEDGMENT

I certify that the information provided on this application (and accompanying resume or documents, if any) or during the interview is true and complete to the best of my knowledge. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any misrepresentation, falsification or omission may disqualify me from further consideration for employment, and will rescind any job offer or will result in immediate dismissal if discovered at a later date. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the Organization reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment. I also understand and authorize Age Well Senior Services to make inquiries of any information reporting agency concerning my employment history, education, character and qualifications, employment dishonesty, theft, or related acts of dishonesty.

further understand that Age Well Senior Services may contact my previous employers and I authorize those employers to disclose to the Organization all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against former employers, their agents, employees and representatives, as well as other individuals who release information to the Organization, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Organization with any pertinent information they may have regarding myself.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Organization at any time for any reason whatsoever, with or without good cause at the option of either the Organization or myself. No implied, oral, or written agreements contrary to the express language in this agreement are valid unless they are in writing and signed by the CEO of the Organization. No supervisor or representative of the Organization, other than the CEO of the Organization, has any authority to make any agreements contrary to the foregoing.

I agree that, if I am employed, I will abide by the rules and regulations of the Organization.

If you have questions regarding this statement, please consult with the Organization's Human Resources Department.



DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS.

Applicant's Signature

Applicant's Full Name (Printed)



**Affirmative Action Applicant Tracking Form
Voluntary Self-Identification Form**

(TO BE KEPT SEPARATE FROM EMPLOYMENT APPLICATION)

The information requested on this form helps us to comply with the reporting requirements to the Equal Employment Opportunity Commission. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for reporting purposes only and will be kept separate from all other personnel records.

NAME: _____ POSITION APPLIED FOR: _____

MALE: _____ FEMALE: _____

RACE/ETHNICITY

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- ___ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ___ **White** (*Not Hispanic or Latino*): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ___ **Black or African American** (*Not Hispanic or Latino*): A person having origins in any of the black racial groups of Africa.
- ___ **Native Hawaiian or Other Pacific Islander** (*Not Hispanic or Latino*): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ___ **Asian** (*Not Hispanic or Latino*): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ___ **American Indian or Alaska Native** (*Not Hispanic or Latino*): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ___ **Two or more races** (*Not Hispanic or Latino*): All persons who identify with more than one of the above five races.

Please return this form to the HR department. Thank you for your participation.