

**Van Wert County Council on Aging  
Employment Application**

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

If hired, when would you be able to begin employment? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently have any relatives employed with the Council on Aging or on the Board of Directors at the Van Wert County Council on Aging. If so, who?  
\_\_\_\_\_

Are any of your college or work records listed under another name? (specify): \_\_\_\_\_  
\_\_\_\_\_

Are you restricted from becoming legally employed in this country because of visa or immigration status?  
\_\_\_\_\_

**List of Previous Employers-** Most Recent First- Include Military Service. Note: This section should be completed even if a resume is attached. Please attach separate sheet to list additional employment experience.

From:	To:	Name and Address of Employer	Position Title/ Responsibilities
<b>Supervisor Name:</b>			
<b>Reason for Leaving:</b>			
		<b>Phone:</b>	

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<b>Supervisor Name:</b>			
<b>Reason for Leaving:</b>			
		<b>Phone:</b>	

From:	To:	Name and Address of Employer	Position Title/ Responsibilities
<b>Supervisor Name:</b>			
<b>Reason for Leaving:</b>			
		<b>Phone:</b>	

Have you ever been dismissed or asked to resign from a position? Explain: \_\_\_\_\_  
\_\_\_\_\_

**Military Service History:** Number of Years in Service: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

**Education History (list only your most recent education)**

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Type of School	Name and Location of School	Number of Years Attended	Degree
<b>High School</b>			
<b>College</b>			
<b>College or Other (Give Type)</b>			
<b>Other (Give Type)</b>			

Please indicate any professional, trade, office, technical, or other skills and abilities that you possess (typing, shorthand, office machines, keypunch, programming, maintenance), if applicable to job for which you are applying.

Skill	Length and Kind of Training	Years of Experience

Indicate work with seniors (other than above) including volunteer work: \_\_\_\_\_

Membership in professional organizations (excluding organizations whose affiliation indicate race, color, religion, national origin, or ancestry) or organizations you volunteer with:

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of any crime? Explain: \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending against you? Explain: \_\_\_\_\_

\_\_\_\_\_

Has your driver's license been suspended or revoked at any time? Explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your present employer upon serious consideration for employment? Y/N \_\_\_\_\_

**References other than former employers or relatives**

Name and Occupation

Address

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that this application and the personnel policies do not constitute employment or an agreement of employment. I understand that under Federal Law an employer is required to verify an employee's legal eligibility to work in the United States. Subsequently, I understand that I must be lawfully authorized to work in the United States and it is required that I must show the employer documents that will verify this.

I, the undersigned applicant at the Van Wert County Council on Aging, hereby authorize the Van Wert County Council on Aging, its agents, employees, and representatives, to obtain information concerning the employment, educational record, law enforcement record, and any other background information about me. I do further consent to the release of such information by any source. All privileges relating to such disclosure to the Van Wert County Council on Aging, its agents, and representatives, are hereby waived. I hereby release from liability or damage those individuals who may provide such information. A photocopy of this authorization and the signature below shall be as effective as the original.

I hereby certify that the information given in this application is complete, made truthfully, without evasion. I understand that the falsified information and/or deliberate omissions on this application are sufficient cause for refusal of employment or dismissal if employed.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF MOTOR VEHICLE REPORTS  
FOR  
EMPLOYMENT PURPOSES**

The undersigned authorizes the Van Wert County Council on Aging, or its insurance agency, Merkle Insurance Agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
Print Name

Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # : \_\_\_\_\_

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**Pre-Employment Drug Screen Authorization**

I agree to undergo pre-employment drug testing as a condition of employment with the Van Wert County Council on Aging.

I agree that if I refuse to be tested for drugs or if the Van Wert County Council on Aging receives a positive test results which reveals the use of controlled substances without lawful prescription, I will not be considered for employment.

I understand that the Van Wert County Council on Aging Workers Compensation Insurance requires random drug testing for the duration of my employment.

I hereby authorize the laboratory or testing facility to release the results of my drug tests and its representatives who need to know the results in order to make a decision regarding my employment.

I have read and understand the Van Wert County Council on Aging Pre- Employment Drug Screen Authorization document. If I am offered a position at the Van Wert County Council on Aging, I will submit to a drug test.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature:

\_\_\_\_\_  
Printed Name: