

Pickaway County Senior Center
2105 Chickasaw Drive; P. O. Box 565
Circleville, OH 43113
bonnie@pickawayseniors.org
(740) 474-8831 phone • (740) 477-8114 fax

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 _____

EQUAL OPPORTUNITY EMPLOYER