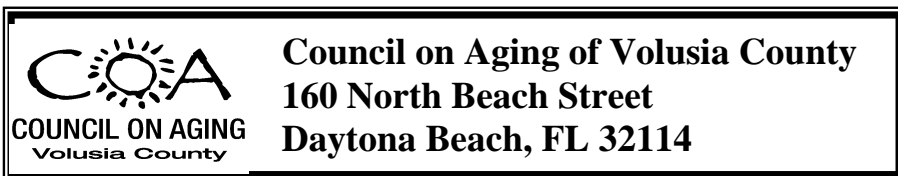


APPLICATION FOR EMPLOYMENT



Council on Aging of Volusia County Inc. is an equal opportunity employer by both policy and practice and complies with all Federal and State laws which forbid discrimination.

Complete all sections which pertain to you. Do not include a resume as a substitute for completing the application. Sign and date the application. Applications with missing information will not be considered applications under the law.

First, how did you hear about this position? _____ Date: _____

Position applied for: _____ TELEPHONE: (____) _____

CELL PHONE (____) _____

E-MAIL: _____

<u>(PRINT)</u> LAST NAME:	<u>(PRINT)</u> FIRST NAME		MI
ADDRESS	CITY	STATE	ZIP
		FL	

Are you eligible to work in the USA? Yes NO

If you are under the age 18, can you provide proof of eligibility for work? Yes No

Have you, since the age of 18 been convicted of a felony? Yes No

If yes, please explain _____

(A conviction will not necessarily exclude you from employment. Each conviction will be judged on its own merit with respect to the time, circumstances and seriousness).

Have you ever applied to us before? Yes No If yes, give date _____

If employed, may we contact your present employer? Yes No

Are you available to work: Full Time Part Time Nights Weekends

EDUCATION

	Name of School	Course of Study	Years Completed	Degree
High School				
Undergraduate				
Graduate				
Other				

SKILLS

List any business machines you are capable of operating and any other special skills relevant to the position for which you are applying. Please () all that applies:

Word processor/Computer: Microsoft Word Excel Outlook WordPerfect Lotus 1-2-3

Multi-line Phone System Copier FAX World Wide Web-Internet Other

List any other hobbies, interests or other skills which have a direct bearing on the job you are seeking. List any language, other than English, you can speak. You are not required to list any information which might reveal your race, religion, sex or national origin.

EMPLOYMENT HISTORY

Complete your job history for the last four employers or a minimum of ten years. Fill in all contact phone numbers and addresses for prior & current employers.

Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Job Title	Reason For Leaving
From To	Work Performed	

REFERENCES

1. Name _____ Phone # () _____
2. Name _____ Phone # () _____
3. Name _____ Phone # () _____

COUNCIL ON AGING
CONSENT AGREEMENT

Reference Checking and Background Investigations: I hereby give the Council on Aging the right to make a thorough investigation of my past employment, education, activities and credit history. In addition, upon employment, I agree to submit to a security examination at any time at the request and expense of the Council on Aging as permitted by law. I understand that the results of any such investigation may be used to make decisions concerning my employment. I release and indemnify the Council on Aging against any liability which might result from making such an investigation. I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENTS OR IMPLICATIONS MADE BY ME IN THIS APPLICATION OR OTHER REQUIRED DOCUMENTS, MAY RESULT IN DENIAL OF EMPLOYMENT OR SUBSEQUENT DISCHARGE. I further understand and agree that the results of any investigation may be communicated to the Council on Aging, and any others it deems appropriate.

Employment at Will I understand that my employment status is "at will" and, that the Council on Aging reserves the right to terminate my services at any time, with or without notice, with or without cause. Furthermore, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the Council on Aging and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Council on Aging unless made in writing by the Director or his/her authorized representative.

Employment Eligibility Verification I understand that any offer of employment is conditioned on my ability to establish my identity and eligibility for employment in the United States.

Drug Testing As a prerequisite to employment, I hereby agree to allow the Council on Aging to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Agency management for appropriate review.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the Council on Aging, I must abide by the terms of the Agency's drug free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Agency, and disciplinary action, up to and including discharge, may result if 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Agency, if the test establish a violation of the Agency's drug-free workplace policy, or 4) I otherwise violate the policy.

I hereby agree to all terms and conditions of this consent agreement.

"I agree that any claim or lawsuit relating to my service with the Council on Aging must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

Applicants Signature _____ Date _____

CIVIL RIGHTS COMPLIANCE SURVEY
(Requested and authorized by the Federal Government)

The Council on Aging of Volusia County is subject to certain governmental reporting and recordkeeping requirements for the Administration of Civil Rights Laws and Regulations. In order to comply with these laws, the Council on Aging invites its applicants to voluntarily self-identify their race, or ethnicity and Veteran status. Submission of this information is voluntary and refusal to supply it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the Federal Government for Civil Rights enforcement. When reported, data will not identify any specific individual.

Please indicate below with a (√) what you believe to be the appropriate category. Again, if you do not wish to make a selection, you need not do so. We would ask, however, that you print your name and sign the form even if it is blank so we can be certain we have surveyed everyone.

_____ White	_____ Native Hawaiian or Other Pacific Islander
_____ Black or African American	_____ American Indian or Alaskan Native
_____ Asian (Oriental)	_____ Two or more races
_____ Hispanic Surname	

Please Circle

Are you a Veteran? Yes No How many years of service? _____

Print Name

Date

Signature