



United Senior Services is proud to provide equal employment opportunities, consistent with applicable law, to all qualified persons without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, disability, genetic information, veteran status, or any other protected classification.

**Instructions: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. Even if a resume is furnished, fill out the application completely and attach the resume to the back. (PLEASE PRINT)**

**Personal Information**

Date of application: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile or Alt. Phone \_\_\_\_\_

Best time to call for an interview \_\_\_\_\_ Best date/time for interview? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

**Employment Availability**

(It is not necessary for you to identify unavailability for work due to religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Position Applied for \_\_\_\_\_ Date available for work \_\_\_\_\_

Position Desired  Full-time  Part-time  Temporary Pay Expected \$ \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Are you willing to work overtime?  Yes  No If "No," please indicate reason \_\_\_\_\_

Are you currently on "lay off" status and subject to recall?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Have you applied for a position with us before?  Yes  No If "yes" when \_\_\_\_\_

What position? \_\_\_\_\_ Did you receive an interview?  Yes  No

Do you have any relatives employed with us?  Yes  No If "Yes," please list name(s) and position(s) \_\_\_\_\_

**Residential History**

Starting with your most recent address, provide a complete residential history for the past 10 years. Use additional sheets if necessary to provide a complete history. (This information will only be used for purposes of your background check).

Current Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Employment History**

Starting with your most recent employer, fully describe your employment experience and list all of your employers for the past 10 years. Be certain to account for a complete 10-year period, and explain any period(s) of unemployment. Use additional sheets if necessary to provide a complete history.

1) Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Is/was the position  Full-time?  Part-time?

Currently Employed?  Yes  No If currently employed may we contact your current employer?  Yes  No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \$

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

2) Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Was the position  Full-time?  Part-time?

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \$

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

\_\_\_\_\_

\* Applies to the initial stages of the employment selection process only. A complete background check, which includes employment verification and references, is required before a final offer of employment will be made.

3) Name of Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone Number \_\_\_\_\_ Was the position  Full-time?  Part-time?

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Job Duties \_\_\_\_\_

**Educational History**

Provide a complete list of your educational background and experiences. Use additional sheets if necessary to provide a complete history.

**HIGH SCHOOL**

Name of High School \_\_\_\_\_ City/State \_\_\_\_\_

Did you receive a diploma?  Yes  No If "No," indicate last grade completed \_\_\_\_\_

**COLLEGE**

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

**TRADE SCHOOLS OR OTHER LEARNING**

1) Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma/certificate?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

2) Name of School \_\_\_\_\_ City/State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Did you receive a diploma/certificate?  Yes  No

Major/Field of Study \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_

**Special Courses/Programs (list any courses/programs, which you have completed that would benefit you in the position for which you are applying)** \_\_\_\_\_

\_\_\_\_\_

License(s) \_\_\_\_\_

Skills \_\_\_\_\_

**Military Service**

Have you ever served in the Military?  Yes  No Branch \_\_\_\_\_

Period of Active Duty (month & year) \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Describe your position(s) and any special training you received \_\_\_\_\_

\_\_\_\_\_

**References**

Please list three (3) persons NOT RELATED TO YOU and not listed as a supervisor in the Employment History section of this application who can provide information about your suitability for a position with this organization.

1) Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone number where we may contact this person \_\_\_\_\_  Home  Business

How do you know this person? \_\_\_\_\_

2) Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone number where we may contact this person \_\_\_\_\_  Home  Business

How do you know this person? \_\_\_\_\_

3) Name \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone number where we may contact this person \_\_\_\_\_  Home  Business

How do you know this person? \_\_\_\_\_

**Emergency Information**

Please list below the name, address and telephone number of an individual who will generally know how to reach you and whom we may contact in CASE OF AN EMERGENCY.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

**Professional Affiliations, Volunteer Activities and Memberships**

List any professional or civic organizations to which you belong, or any volunteer activities. (Exclude anything which may disclose your race, color, religion, age, sexual orientation, national origin or other protected status).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Please list any skills, licenses, training, etc., applicable to the position for which you are applying that has not been specifically addressed in this application that you want us to know about.

\_\_\_\_\_  
\_\_\_\_\_

Explain any gaps in your employment, residential or educational histories.

\_\_\_\_\_  
\_\_\_\_\_

**Background Information Release and other Requirements**

The following information is required to be considered for any position with this organization. Please answer each question carefully. Use additional sheets if necessary to provide complete and accurate information.

Name \_\_\_\_\_ Other \_\_\_\_\_  
Last First MI List any other name you have gone by.

Can you provide proof of citizenship or immigration status as required by law to be eligible to work in the U.S?  
 Yes  No

Have you ever been convicted of any crime other than a minor traffic violation?  Yes  No  
(Answering "yes" to this question will not automatically disqualify you from being considered for employment)

If "Yes" please explain \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No Driver's License Number \_\_\_\_\_

**Important, please read carefully before signing:**

I affirm that the facts set forth in this employment application (in addition to any oral or written information I have or will provide during the selection and hiring process, including, but not limited to, resumes, cover letters, answers to interview questions, and subsequent employment forms), are true and complete. Where I have left an item blank, I have no information concerning such item. I understand that any false statement, omission, or misrepresentation by me will be sufficient cause for cancellation of this application and/or dismissal from the organization if I have been employed, no matter when the falsification or omission occurred or is discovered.

In addition to my qualifications and experience as disclosed in this employment application and subsequent interview(s), if any, I understand that employment with EMPLOYER is subject to the successful completion of a pre-employment drug screen and physical, satisfactory reference reports, accuracy of all pre-employment information furnished, and compliance with the Immigration Reform Control Act of 1986.

I hereby consent to undergo such pre- or post-employment medical examination(s) as required and which are permissible for employers to require under applicable law (which may include collection/analysis of body tissue or fluid samples for drug/alcohol screening and/or other tests). I further agree to execute any and all releases required by any entity or person performing such medical examinations, verifications, or background checks which are obtained for the purpose of establishing my eligibility for employment.

I understand that if hired, my employment with this organization is "at will," which means that either I or EMPLOYER can terminate my employment at any time, with or without prior notice, and for any reason not prohibited by law. This "at will" status can only be changed by written agreement signed by the Executive Director.

My signature further constitutes my authorization for EMPLOYER, or any of its designated agents, to fully investigate any matter contained in this employment application. I give EMPLOYER the right to investigate all references and to contact all past employers, supervisors, educational institutions, law enforcement agencies, administrative agencies, and courts to verify and secure additional information about me, if job related, including but not limited to records relating to any criminal and civil convictions. I hereby authorize former employers, educational institutions, and others with information about me to furnish such information regarding my past performance, service, tenure, reason for leaving, transcripts of grades, honors, or achievements that they may have concerning me. I hereby release from liability EMPLOYER and its designated agents and employees for seeking information about me, as well as all other individuals, agencies, partnerships or corporations including their officers, agents and employees for furnishing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER (EEO/AA)**