



APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons.

Full Name (First Middle Last) _____

Address _____
Street City State Zip Code

Telephone Number (_____) - _____ Home or Cell

E-mail _____

Position(s) you are applying for _____

Are you under the age of 21 years of age? Yes No

If yes, provide your birth date _____

Have you ever been employed by Senior Connections before? Yes No

If yes, provide location, position(s) and dates you were employed at Senior Connections.

Are you eligible to work in the U.S. without sponsorship? Yes No

Do you have a valid driver's license issued by the State of Georgia? Yes No

Have you had your driver's license revoked in the past five (5) years? Yes No

Have you received a DUI and/or DWI in the past five (5) years? Yes No

Have you been involved in any avoidable vehicle accidents in the prior three-years? Yes No

If you are applying for CNA, PSA, LPN, or RN position you are required to have a reliable car. Do you have a reliable car, available to you every day to make client visits? Yes No

Are you able to work a flexible schedule Monday through Sunday? Yes No

Are you able to work evening shifts? Yes No

Are you seeking full-time or part-time employment? Full-time Part-time

What days and hours are you available to work?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

If selected, when would you be available to start work? ____/____/____

Employment History

Starting with your most recent employer, provide information for your past four employers.

Most Recent Position:

Company _____ Position _____

Dates of Employment _____ City/State _____

Salary _____ Reason for Leaving _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number _____

Prior Position:

Company _____ Position _____

Dates of Employment _____ City/State _____

Salary _____ Reason for Leaving _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number _____



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Supervisor's Phone Number _____

Summary of Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Education

List your highest level of education where you received a degree or diploma.
(E.g. High School, Junior College, College Degree, Graduate School, etc.)

School Name _____

School Address _____

Major _____ Type of Degree _____

ACKNOWLEDGEMENT

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question in this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application will remain on file for 12-months. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in a written agreement.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature

Date