

JEFFERSON COUNTY COUNCIL ON AGING

103 W 5th Avenue
Ranson, WV 25438
Telephone: (304) 724-7110

EMPLOYMENT APPLICATION

Federal and State Laws prohibit discrimination in employment based on religion, creed, ancestry, marital status, national origin, citizenship, gender, age, race, color, liability, and/or service in the armed forces of the United States, disability or any other protected classification. JCCOA is an Equal Opportunity Employer.

Section I: Applicant Information

Date: _____ Position Applying For: _____

Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ - _____ - _____

- ❖ Are you a citizen of the United States: Yes _____ No _____
- ❖ If no, do you have legal documentation allowing you the right to live and work in the United States? Yes _____ No _____
- ❖ If yes, you will be required to furnish proof of lawful work status if you are extended a job offer.

Have you ever been charged/arrested/convicted for a felony? Yes ___ No ___

If your answer is yes, please describe in detail the date and nature of the offense and your rehabilitation since the incident. A conviction record will not necessarily prohibit employment.

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Section II: Education

High School Attended: _____

Address: _____

Years Attended: _____ to _____

Highest Level Completed: _____ GED _____

Diploma _____

University or College Attended: _____

Address: _____

Years Attended: _____ to _____

Degree Obtained: _____

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Do you have a license, certification, and/or training for the position in which you are applying?

Yes _____ No _____

If yes, list all licenses, certifications, and/or trainings:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section III: Employment History

List below your work experience (starting with your current or most recent employer) for the last three (3) years. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section also.

Company Name: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Starting Wage: _____ Ending Wage: _____

Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

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May we contact previous Supervisor for a reference? _____

Company Name: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Starting Wage: _____ Ending Wage: _____

Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

May we contact previous Supervisor for a reference? _____

Company Name: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Starting Wage: _____ Ending Wage: _____

Responsibilities: _____

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Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

May we contact previous Supervisor for a reference? _____

Company Name: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Starting Wage: _____ Ending Wage: _____

Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

May we contact previous Supervisor for a reference? _____

Section IV: Additional Information

Do you have a current CPR Certification? Yes _____ No _____

Do you have a valid WV State Drivers License? Yes _____ No _____

Are you willing to attend the required in-services, workshops, meetings, and/or trainings necessary for this job? Yes _____ No _____

Are you willing to work some weekends, evenings, and/or be on-call occasionally if needed?

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Are you willing to work some weekends, evenings, and/or be on-call occasionally if needed?

Yes_____ No_____

If hired, when would you be available?_____

Section V: References

Please list three Profession References below:

<u>Name</u>	<u>Company</u>	<u>Phone</u>

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I understand that if employed by Jefferson County Council on Aging, I will be an employee at-will; which means that I can voluntarily end my employment or be terminated at any time.

No statement, whether written or oral, by any JCCOA representative, other than a written statement signed by the Executive Director or the President of the Board may vary the foregoing.

I give JCCOA permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them by JCCOA.

After a tentative offer of employment has been made, if requested by JCCOA, I agree to take a job-related medical examination, including testing for illegal drugs at no personal expense to me. I also consent to a Criminal Background check as well as Central Abuse Registry check. I authorize all findings from the above to be disclosed to JCCOA.

I understand that any offer of employment is conditional upon receipt of satisfactory references and satisfactory results of the abovementioned testing/checks.

I have provided truthful documentation and understand that the discovery of any falsification or intended omission constitutes grounds for immediate dismissal. If employed, I will abide by Jefferson County Council on Aging's rules and regulations which I understand are subject to change.

I also agree, if hired, not to work privately for any client of the Jefferson County Council on Aging while employed or within six (6) months of my resignation/termination from the Jefferson County Council on Aging.

Signature: _____

Date: _____