APPLICATION FOR EMPLOYMENT
In-Home Aide at Council on Aging in Union County

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

NAME:_____ Birthday:_____ Age_____
Last First M. Mo. Day Yr.

ADDRESS:_____
Number Street City ZIP

TELEPHONE:_____ CELL:_____

Are you currently employed? _____ If yes, where:_____

Date you can start work _____Full time_____ Part time_____

A car is required for your job duties. Do you have a car and a valid driver's license? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ (If yes, proof of citizenship or immigration status will be required.)

Have you been convicted of any criminal offense? _____
If yes, please explain_____
_____
_____

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				

Are you currently on the North Carolina State Registry for Nurse's Aide I? _____

Please list any specialized training or skills: _____
_____
_____
_____
_____

State any additional information you feel may be helpful to us in considering your application:

_____

_____

_____

References:

Give name and telephone number of three references **who are not related to you.**

1._____ Telephone:_____

2._____ Telephone:_____

3._____ Telephone:_____

Employment Experience

Start with your present or last job.

Employer:	Employment From:_____ To:_____	Work Performed/Job Title
Contact Person:	Phone Number:	Salary_____
Reason for leaving:		

Employer:	Employment From:_____ To:_____	Work Performed/Job Title
Contact Person:	Phone Number:	Salary_____
Reason for leaving:		

Employer:	Employment From:_____ To:_____	Work Performed/Job Title
Contact Person:	Phone Number:	Salary_____
Reason for leaving:		

Previous employers and listed references may be contacted unless otherwise indicated.

Signature:_____ Date_____