



This position requires a criminal background check and drug and alcohol testing.

O'Neill Senior Center, Inc.
333 Fourth Street
Marietta, OH 45750
(740) 373-3914
An Equal Opportunity Employer

Application for Employment
PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

Referral Source [] Advertisement [] Relative [] Walk In

[] Government Employment Agency [] Private Employment Agency [] Other

Name of Source (If Applicable) _____

Name _____
(last) (first) (middle)

Address _____
(street) (city) (state) (zip)

Telephone Number _____ Email address _____

Best time to reach you _____ Preferred method of contact _____

May we contact you at work?.....yes [] no []

If yes, work number and best time to call.....() _____
(number) (time)

If you are under 18, can you furnish a work permit?.....yes [] no []

Have you ever been employed here before?.....yes [] no []

If yes, give dates.....From _____ To _____

Are you legally eligible for employment in this country?.....yes [] no []
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work..... _____

Type of employment desired....Full time Part time Temporary Seasonal Educational CoOp

Are you on lay-off and subject to recall?.....yes [] no []

Will you relocate if job requires it?...yes []no [] Will you travel if job requires it?..... yes [] no []

Are you able to meet the attendance requirements of the position?.....yes [] no []

Have you ever been bonded?.....yes [] no []

Have you ever been convicted or accused of any crime, including sex related and child/elderly
abuse related offenses?yes [] no []
(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain: _____

Driver's license number & State (if job requires) _____ Social Security # _____

Employment History

List your last four (4) employers, starting with the most recent, including military experience.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving				
		Hourly Rate/Salary		
May we contact for a reference?		Final		

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving				
		Hourly Rate/Salary		
May we contact for a reference?		Final		

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving				
		Hourly Rate/Salary		
May we contact for a reference?		Final		

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving				
		Hourly Rate/Salary		
May we contact for a reference?		Final		

Comments (including explanation for any gaps in employment) _____

Skills and Qualifications – Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position _____

Educational Background

School attended	Years Attended	Degree/ Diploma	GPA	Major/ Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

Name	Telephone	Years known

List professional, trade, business, or civic associations and nay offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Excludes information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider

Voluntary Affirmative Action Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date _____

Position(s) applied for _____

Referral Source

- Advertisement Employee Relative Walk-in School Government Employment Agency
 Private Employment Agency Other

Name of Source (if applicable) _____

Applicants Name _____
(last) (first) (middle)

Address _____
(street) (city) (state) (zip)

As required, we comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one:..... Male Female

Check one of the following Race/Ethnic Groups

- Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran Disabled Veteran Individual with a Disability

To be completed by applicant – Not for interview purposes – To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.

Disclaimer Statement

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of applicant _____ Date _____

Agency Use Only

Position(s) applied for _____

Other positions considered for _____

Hired.....Yes No Date of Hire _____

Position hired for _____

EEO classification _____

- | | | |
|---------------------------|----------------------------|-----------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operative (semi-skilled) |
| 2. Professionals | 5. Office & Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (Skilled) | 9. Service Workers |

Notes:

Completed By _____ Date _____