

**LEE COUNTY COUNCIL ON AGING
EMPLOYMENT APPLICATION**

Equal Opportunity Employer

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Date you are available to start _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title/Duties _____

Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title/Duties _____

Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title/Duties _____

Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

If you need more space to write explanations, please attach an additional sheet

EMPLOYMENT APPLICATION PART 2

EDUCATION

High School/GED [] Yes [] No / Colleges Attended:

Years Year Grad. Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a veteran of the U.S. Military service? [] Yes [] No Honorary Discharge [] Yes [] No

Describe any special qualifications for this job:

REFERENCES – give the names of three persons not related to you, whom you have known at least one year

Name	Telephone #	Address	Business
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For

Drivers and Caseworker applications only:

Drivers License # _____ State _____ Expiration _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Administrative Use only

Remarks _____

Interview report by _____