



EMPLOYMENT APPLICATION

The Otsego County Commission on Aging is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, genetic information, height, weight or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed or tested for a position, please let us know what accommodations you may require.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages.

Name _____ Date ____/____/____

Present Address _____

Telephone Number ____ (____) _____ E-mail Address _____

Social Security Number _____ Date you can start work. ____/____/____

Please supply any other names you have used in school or at any previous job. _____

Position applied for _____ Full time _____ Part Time _____

If part time, specify days and hours _____

Starting salary expected _____

How were you referred to this Company? _____

Are you 18 years old or older? _____

Are you legally authorized to work in the United States? _____

EDUCATION

	Name and Address	Did You Graduate?	Course of Study or Degree Conferred
High School			
College			
Other			

Are you presently attending school or do you plan on furthering your education? ____ If so, please specify courses being taken and time commitment: _____

What experiences, skills, or qualifications do you feel especially would qualify you for work with our organization?

Have you ever been convicted of a crime, excluding routine traffic offenses?* _____ If yes, describe in detail:

**A yes response does not automatically disqualify a job applicant from further consideration.*

Are there any felony charges pending against you currently? ____ If yes, please describe _____

Do you hold any professional licenses or certifications? ____ If yes, please list and describe ____

Have you ever had a professional license or certification revoked or suspended? ____ If yes, please list and describe:

Are you currently under investigation by any agency or department concerning any licensure or certification matter? _____ If yes, please describe _____

EMPLOYMENT HISTORY

Start with most recent; include your entire employment history and military service; attach additional pages, if necessary.

Company Name, Address and Telephone (or Military Branch)	Dates of Employment		Position, Duties & Supervisor	Reasons for Leaving
	To	From		

Are you currently employed? _____ May we contact your current employer? _____

PERSONAL REFERENCES

(not former employers or relatives)

Name and Occupation

Address

Telephone Number

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize the OCCOA to verify, both at the time of application and later during my employment, if I am hired, any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as the OCCOA requires, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the OCCOA to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the OCCOA and them from any liability whatsoever as a result of any such inquiries and disclosures. This release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted.

I do not object to signing an employee agreement on confidential information. I consent to all drug testing and post offer medical examinations if required during the selection process, and, if hired, all drug and alcohol testing throughout employment, if required.

I understand and agree that if I am hired, employment is “at will” and that either I or the OCCOA can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an “at will” status of employment are canceled. Further, I understand that only the OCCOA President Executive Director has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the OCCOA Executive Director and me.

In consideration of my employment, I agree to conform to and be bound by the rules, policies, regulations and terms and conditions of employment of the OCCOA as they are from time to time changed. **Also, I agree not to begin any action or lawsuit relating directly or indirectly to employment with the OCCOA more than six (6) months after the earlier of (a) the incident or event giving rise to such action or lawsuit or (b) the date of the termination of such employment. I waive any statute of limitations to the contrary. However, I agree that any shorter statute of limitations remain in effect.**

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

Signature

Dated: _____