

Experience, Inc.

WARREN/FOREST AREA AGENCY ON AGING PSA #43

ADMINISTRATION
814-726-1700

905 FOURTH AVE. W. PO BOX 886
WARREN, PA 16365

SERVICE 814-723-3763
FAX 814-723-6433

APPLICATION OF EMPLOYMENT

Date: _____

Position: _____ Full Time: _____ Part time _____

Applicants will be considered for all positions without regard to race, color, religion, sex, origin, age, marital status, or disability. EEO

PERSONAL

Name: _____ Alias/Maiden _____

(Last, First, Middle Initial)

Street Address _____ Mailing (if different) _____

City, State, Zip _____

Business Telephone _____ Home Telephone _____

Social Security Number _____ Veteran? ___ No ___ Yes

Have you been convicted of a felony within the past 7 years? _____ If yes,

Explain _____

Have you ever applied for employment with this agency? _____ If yes, date _____

Have you ever been employed by Experience, Inc. _____

Current Employment _____

Date you are available to begin employment with this agency? _____

If required, are you able to travel as a part of your job? _____

EDUCATION

| School | Name/Location | Dates Attended | Study | Degree |
|------------------|---------------|----------------|-------|--------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Technical School | | | | |

Other special training or skills (language, equipment operation) _____

Membership in Professional or Civic Organizations - Exclude those which may disclose Race, color, religion, or national origin _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1 Company Name _____ Telephone _____
Address _____ Dates employed _____ To _____
Supervisor _____ Salary start _____ End _____
Position title _____ Reason for leaving _____
Brief description of duties _____

2 Company Name _____ Telephone _____
Address _____ Dates employed _____ To _____
Supervisor _____ Salary start _____ End _____
Position title _____ Reason for leaving _____
Brief description of duties _____

3 Company Name _____ Telephone _____
Address _____ Dates employed _____ To _____
Supervisor _____ Salary start _____ End _____
Position title _____ Reason for leaving _____
Brief description of duties _____

4 Company Name _____ Telephone _____
Address _____ Dates employed _____ To _____
Supervisor _____ Salary start _____ End _____
Position title _____ Reason for leaving _____
Brief description of duties _____

We may contact the employers listed above unless you indicate that you do want them to be contacted. Please indicate by number if there is an employer you do not wish to have contacted.

DO NOT CONTACT
Employer 1 2 3 4

REFERENCES

List three (3) references that are not relatives and are not former employers.

1. Name _____ Telephone Number _____
2. Name _____ Telephone Number _____
3. Name _____ Telephone Number _____

SIGNATURE STATEMENT

The information provided in this application for employment is true, correct and complete. If employed, any misstatements or omission of facts on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that by completing this application there is no guarantee of a job interview or a job offer. I further understand that my application will only be compared with other applicants and the decision of who will be invited back will be based on this comparison.

Applicant Signature _____ Date _____