

WCCOA APPLICATION FOR EMPLOYMENT

Wood County Committee on Aging, Inc. ♦ 305 North Main Street ♦ Bowling Green, Ohio 43402

Phone: 419.353.5661 or 1.800.367.4935 Fax: 419.352.7448



The Wood County Committee on Aging (WCCOA) is an equal opportunity employer and employment decisions are made without regard to sexual orientation, race, religion, color, sex, pregnancy, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

Even if you are submitting supplemental information with your application, all information on the WCCOA Application for Employment must be complete.

Personal Information

Name

Last	First	Middle	Alias
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Mailing Address

Street Address	PO Box	City	State	Zip Code
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Phone Number

Home	Cell Phone or Other Contact Number
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How did you find out about this position?

- Posting at WCCOA
- WCCOA Website
- Newspaper
- Relative
- Friend
- Other _____

Email Address

Social Security Number*

Do you have the legal right to live and work in the U.S.? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No

If yes, please indicate year and court involved: _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, please indicate year and court involved: _____

Have you ever been convicted of a DUI? Yes No

If yes, please indicate year and court involved: _____

Have any felony, misdemeanor, or DUI charges been reduced or dismissed? Yes No

If yes, please indicate year and court involved: _____

Have you ever been a party to a civil protection order proceeding? Yes No

If yes, please indicate year and court involved: _____

Employment Desired

Position: Part Time Full Time

Date you can start _____

Can you travel if the job requires it? Yes No Do you speak any language other than English? If yes, what: _____

Education: Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

Name and Location of School	Highest Level Completed	Did you graduate?	Field of Study
High School or GED Courses	9 10 11 12		
College or Trade School	1 2 3 4 5 5+		
Graduate or Business School	1 2 3 4 5 5+		

*Social Security Numbers (SSNs) are used to match individuals with their application. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon employment and pursuant to Section 5101.312 of the Ohio Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but limited to the following: identification of obligors under child support orders, detection of welfare fraud, processing background checks, and tax information or general employee information. *WCCOA performs criminal background checks on prospective employees. The Ohio Revised Code prohibits the Wood County Committee on Aging from hiring individuals with certain criminal records (i.e. R.C. 2921.41, R.C. 3721.121).

List any special equipment or machines you can operate:

List any computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

List any special clerical skills, including keyboarding and shorthand/speedwriting:

Are you a veteran? Yes No If yes, what branch of service?

List Rank Length of Service

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Current/Valid Driver's License - State License No Expiration Date
Check if CDL

Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.) License/Certification Number Expiration Date

Personal References

Persons who have known you for at least one year. Do not include relatives or former employers.

Name and Occupation	Address	Telephone	Years Known

List professional, trade, business, or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status:

Organization	Dates	Office(s) Held

Employment History

Are you currently employed?

Yes Full-time

Yes Part-time

No

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer. Include additional Employment History sheets to reference your complete work history. Do not omit employers in history.

Employer	Hire Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe job duties	
Last Supervisor's Name		
Ending Salary		

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Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

Explanation of Gaps in Employment

In the area below, please include explanation of any gaps in employment.

Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

Release and Authorization

READ CAREFULLY BEFORE SIGNING

Initial each statement in the line provided. All lines must be initialed in order for application to be considered.

- _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.
- _____ I certify that I can perform the essential function of the job for which I have applied, with or without reasonable accommodation.
- _____ I authorize WCCOA to obtain copies of my work record and educational history from my former employers and/or educational institutions.
- _____ I authorize WCCOA to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions as it relates to the position for which I am applying.
- _____ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to WCCOA.
- _____ I acknowledge and understand that a responsibility of my employment may require the ability to lift a minimum of 50 pounds consistently. I further understand that it may be necessary in my employment to operate a WCCOA vehicle.
- _____ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to WCCOA.
- _____ In the event of employment, I understand that false or misleading information given in my application, resume, and/or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of this employer.
- _____ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and the Ohio Department of Homeland Security's Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization.
- _____ I understand that a post-employment physical examination or drug screening may be required.
- _____ In the event that I am hired, I authorize WCCOA to update and supplement this information during my employment.
- _____ *In consideration of the WCCOA's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with WCCOA, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and **I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.** Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.*

Applicant's Signature

Date