

HENDRICKS COUNTY SENIOR SERVICES

1201 Sycamore Lane, Danville, IN 46122
Ph. 317-745-4303 Fax 317-745-6253

APPLICATION FOR EMPLOYMENT

Hendricks County Senior Services policy requires that employment, including recruitment, hiring, training, compensation, benefits, promotions, dismissals and all other conditions of employment be provided without unlawful discrimination on the basis of sex, age, race, color, religion, disability, sexual orientation, veteran status or national origin or any other basis as prohibited by law.

Please Print:

Position you are applying for	
Last Name	
First Name	
Middle Initial	
Other Names you have used	
Address, City, State, Zip	
Home Phone	
Alternate Phone and/or Cell	
E- mail	

Are you legally eligible to work in the USA? __Yes __No

If you are under 18 years of age, can you provide proof of your eligibility to work? __Yes __No __N/A

Have you ever been employed at Hendricks County Senior Services? __Yes __No
If so, date(s) _____

What is your availability? (Circle): Full time Part Time Temporary As Needed

What date would you be available to begin work? _____

After reviewing the position job description, are you able to perform the essential functions of the position that you are applying for, either with or without accommodation? __Yes __No

If you can perform the essential functions only with accommodation, how would you perform those tasks and with what would you perform those tasks and with accommodation(s):

How were you referred to our Agency? _____

If applying for a position that requires travel, do you have access to dependable transportation with auto insurance and a valid motor vehicle operator's license? __Yes __No

What wage/salary range are you requesting for this position? _____

Have you ever been convicted of a crime, felony or misdemeanor, that has not been expunged by a court? ___ Yes ___ No

If yes, list the offense: _____

Dates when it happened: _____

Disposition: _____

In consideration for employment, Hendricks County Senior Services is required by state law to obtain a copy of your criminal history. Except as required by state law, a conviction record will not necessarily be a bar to employment and factors such as age, time of the offense, the seriousness/nature of the violation and subsequent rehabilitation will be taken into account. Hiring decisions will not be based upon expunged convictions that appear on a criminal history report.

Education

Name & Location	Years completed	Did you graduate?	Degree(s) obtained and/or major
High School attended			
College (undergrad & grad)			
Other			

List any special skills, qualifications or other credentials that would qualify you to work for our organization: _____

List professional, trade, business or civic activities and offices held and note if any of these would be job related regarding this position: _____

Have you ever had disciplinary action taken against you professionally? ___ Yes ___ No

If yes, please explain: _____

Personal References. Please do not include people who are related to you.

Name	Address	Association	Years known	Phone
Name	Address	Association	Years known	Phone
Name	Address	Association	Years known	Phone

Employment History. Please list your employers, starting with the most recent to the least recent. Include job related military experience.

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Do you have friends or relatives, such as a spouse, child, parent, brother, sister, parent-in-law, brother-in-law, sister-in-law, grandparent, grandchild who currently work for this organization or who are members of the board of directors? Yes No

Have you been convicted of or have you pleaded guilty to any moving traffic violations within the past twelve (12) months? Yes No

If yes, please explain: _____

*If more pages are needed for information, please use additional sheets as needed.

Please read the next page and sign at the bottom of the application:

I agree that I have been informed of the requirement of the work for which I am applying, and that the information on this application and corresponding attachments, if any, are correct and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may result in immediate termination of employment if discovered at a later date.

Any employment by Hendricks County Senior Services will be by mutual agreement and will constitute an employment "at-will". I may resign at any time and Hendricks County Senior Services may terminate my employment at any time, with or without cause.

I understand that prior to offering employment, Hendricks County Senior Services will make or cause an agency on its behalf to make inquiries, including, but not limited to, criminal history, public records, experience, or other qualifications of employment, including reasons for termination of past employment. I agree that my authorization releases Hendricks County Senior Services and its agent(s) and employee(s) from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, I release and discharge from liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Hendricks County Senior Services the above-mentioned information as requested and authorized by me, in order to successfully complete a background investigation.

I also understand and agree that if I am offered employment by Hendricks County Senior Services, I am obligated to provide all the required information requested by it in order to be considered for employment. I also understand that Hendricks County Senior Services will make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would cause an undue hardship on the operation of Hendricks County Senior Services or the individual would pose a direct threat to the health or safety of himself/herself or of others that cannot be eliminated or reduced below the level of a direct threat by reasonable accommodation which does not cause undue hardship to Hendricks County Senior Services.

I understand that this is an Application for Employment only and that I have not been offered employment by Hendricks County Senior Services.

I authorize persons, schools, previous employer(s) and organizations named in this application (and any accompanying attachments, if any) to provide any relevant information to Hendricks County Senior Services that may be required to arrive at an employment decision.

Signature of Applicant: _____ Date: _____