



Employment Application Form

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone (____) _____ Email _____

Are you under age 18? ___ YES ___ NO If "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for: _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Desired wage: _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT NO PREFERENCE

When are you available to start work? _____

Are you able to travel if job requires it? ___ YES ___ NO

Do you have a current Certified Nursing Assistant license? ___ YES ___ NO

Date license expires(if applicable) _____ 20__

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name: _____

APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER in the ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

PLEASE READ CAREFULLY

I hereby authorize the Nassau County Council on Aging, Inc. to obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the Nassau County Council on Aging, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date

After completing the application, please send it via email to Don Harley, HR Director, donharley@nassaucountycoa.org, or mail it to 1901 Island Walk Way, Fernandina Beach, FL 32034. Thank you!

08/2022