BAY COUNTY Council on Aging

1116 Frankford Avenue
Panama City, FL 32401
(850)769-3468

Employment Application

Every question on this application must be completed in order for the application to be considered for employment. Failure to complete this application will disqualify the applicant for employment consideration.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____ Social Security #: _____

Date you can start: _____ Minimum acceptable salary: $ _____

Position applied for: _____ How were you referred? _____

Are you employed now? _____ If yes, may we contact your current employer? _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Driver's License number: _____ State: _____

Do you have a Commercial Driver's License (CDL)? YES ☐ NO ☐ If yes, do you have a Passenger Endorsement? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, give dates of employment: _____

Are you related to anyone who works for the Bay County Council on Aging? YES ☐ NO ☐ If yes, state name, relation and department: _____

Have you ever been convicted, found guilty, or entered a plea of no contest (nolo contendere) for a felony or misdemeanor, even if the adjudication was withheld? YES ☐ NO ☐

If yes, explain the charge and final disposition: _____

Do you have any limitations which might affect your ability to complete the job assignments for the position for which you are applying? YES ☐ NO ☐

If yes, please explain: _____

(Employment may be contingent upon the satisfactory completion of a medical exam.)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Present membership in National Guard or Reserves? YES ☐ NO ☐ Technical Specialization: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Special Skills/Training

Software: _____

Office Equipment: _____

Certifications _____

Disclaimer and Signature

I certify that all information on this employment application is true and correct. I authorize investigation of all statements contained in this application. I understand that falsification of any information so given or other derogatory information discovered as a result of this investigation is grounds for not hiring me, or for dismissal after I am hired. If I am hired, the employment will be at will. I agree to abide by the rules, regulations, and policies of Bay County Council on Aging. I understand that I will be placed on a six month probationary period.

I understand that Bay County Council on Aging is a drug free workplace in accordance with federal regulations. I voluntarily consent and agree to participate in and cooperate with this program to the extent required by Bay County Council on Aging. I understand that I will be required to undergo and successfully complete testing for substance abuse and/or alcohol abuse for initial employment with Bay County Council on Aging and, if employed, whenever requested by Bay County Council on Aging.

Bay County Council on Aging is an equal opportunity employer. The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, religion, or national origin. Federal law prohibits discrimination based on age, citizenship, and disability.

Applicant's Signature: _____ Date: _____

This application will be kept on file for six months.

Employment Experience

Start with your present or last job. Account for the past ten years. Include military assignments and volunteer activities. If lapses occurred between periods of employment, give dates of and reasons for unemployment. A resume may be attached for additional information, however, this page must be completed. Please indicate if you were unemployed under a different name. Additional pages are available, if needed.

Employer: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ________ Ending Salary:$ ________

Employed From: ________ To: ________ Reason for Leaving: ____________

Name at time of employment: ____________________

Duties: ____

____

Employer: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ________ Ending Salary:$ ________

Employed From: ________ To: ________ Reason for Leaving: ____________

Name at time of employment: ____________________

Duties: ____

____

Employer: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ________ Ending Salary:$ ________

Employed From: ________ To: ________ Reason for Leaving: ____________

Name at time of employment: ____________________

Duties: ____

____

Employer: ______________________ Phone: ____________

Address: ______________________ Supervisor: ____________

Job Title: ____________ Starting Salary:$ ________ Ending Salary:$ ________

Employed From: ________ To: ________ Reason for Leaving: ____________

Name at time of employment: ____________________

Duties: ____

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