

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION

APPLICATION FOR EMPLOYMENT

Cumberland County Coordinating Council on Older Adults, Inc.

All applicants are considered for positions without regard to race, color, sex, age, national origin, religion, disability or political affiliation.

Date Received	Application Category
Received Via	Applicant ID#

TYPE or PRINT LEGIBLY. A standardized application is essential to the process of evaluating applicants on an equal basis. You, as the applicant must insure that your application is complete. If an item does not apply to you put "NA" in the response area rather than leaving it blank. If you are not sure of times, dates, or names, complete as much as you remember. Resumes may be attached to applications, but will not be accepted in lieu of a completed work history page. **DO NOT respond in an area with "SEE RESUME" or "SEE ATTACHED".** If more space is needed than what is provided, continue on a separate sheet and attach it to your application. Sign your name in all areas where it is requested. Review your application prior to submitting it to **Cumberland County Coordinating Council on Older Adults, Inc.** Insure that you have listed a phone number where you can be contacted. (SSN disclosure is voluntary, however it is required for processing)

If you have a question, visit the office located at **339 Devers Street** or call **(910) 484-0111**. If mailing, address to: **Council on Older Adults, 339 Devers Street, Fayetteville, NC 28303-1450**.

Application Date	Position Title	Position Number	Position Closing Date:
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PERSONAL DATA

Social Security Number	Last Name	First Name	Middle Name	
Address (Street number and name)		City	State	Zip Code
E-Mail Address	Home Phone (or where you can be reached)	Business Phone	Driver's License No.	

Are you related by blood or marriage to any person now working for Cumberland County Coordinating Council on Older Adults, Inc. (If yes, give name and relationship to you.) ☐ NO ☐ YES

CHECK the types of work you will accept: ☐ 1. Permanent full-time ☐ 2. Permanent part-time ☐ 3. Temporary full-time
☐ 4. Temporary part-time ☐ 5. Any of the preceding ☐ 6. Work involving travel

If not available for work now enter the earliest date you could begin work (mo./day/yr.) ____ / ____ / 20____

Referral Source: ☐ Friend ☐ Relative ☐ Job Line ☐ Internet ☐ Newspaper ☐ College Posting
☐ Walk-In ☐ Employment Security Commission ☐ Other – Specify _____

EDUCATION DATA

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under "S/Q Hours", list hours completed and if they were Semester (S) or Quarter(Q)

SCHOOLS	Name & Location	Dates Attended From: To:	Grad?	Sem or Qtr Hours completed	Major and/or Minor	Degree Receive
High School						
Community/ Tech College						
College/ University						
Other educ./ voc. school						

WORK HISTORY (include volunteer experience). Begin with most current position. Use additional sheets as necessary.

Employer		Employer Address		Employer Telephone	
Job Title		Supervisors Name		Date Started	Date Separated
Your Work Was	Years	Months	Hrs/Wk	Number supervised by you	
Full-Time <input type="checkbox"/>				Reason for Leaving	
Part-Time <input type="checkbox"/>				May we contact this employer?	
Starting Salary	Job Duties: _____				
Ending Salary	_____				

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Your Work Was	Years	Months	Hrs/Wk	Number supervised by you	
Full-Time <input type="checkbox"/>				Reason for Leaving	
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Part-Time <input type="checkbox"/>				May we contact this employer?		
Starting Salary	Job Duties: _____					
Ending Salary	_____					

Memberships in professional, honorary, or technical societies:

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received.

COURSE TITLE	COURSE(S) GIVEN BY	COURSE DURATION	CREDIT RECEIVED

Special training programs and/or seminars you have completed.

WORKSHOP/SEMINAR TITLE	TRAINING SPONSORED BY	DURATION	DATE COMPLETED

List fields in which you are licensed, registered, or certified.

LICENSE/REGISTRATION/CERTIFICATION	NUMBER	DATE	STATE

Indicate your skills, equipment operation, experiences, abilities, etc. (If additional space is needed, continue on separate sheet.)

Skill	Familiar?	Proficient?	# Years Experience	Skill	Familiar?	Proficient?	# Years Experience
Typing/Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>		Driving – Light (Cars/Light Trucks)			
Calculator/Ten Key	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Shorthand/Speed Writing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>		Driving – Medium (List)			
Sign Language	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Public Contact/Speaking	<input type="checkbox"/>	<input type="checkbox"/>		Driving – Heavy (List)			
Computer Hardware (List)					<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Other Equip./Machinery			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Computer Software (List)					<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		Appropriate vehicle for use at work?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

CDL/Chauffeur's License# _____ Class _____ State _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ NO ☐ YES
(if yes, explain fully on an additional sheet)

Are you a current or previous employee of Cumberland County Coordinating Council on Older Adults, Inc.? ☐ NO ☐ YES
(If yes, give department name and dates of service.)

By signing below, I certify that all of the statements made on this application, in addition to any attached documents are true, complete, and correct to the best of my knowledge and are made in good faith. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, licensing boards, and others to furnish whatever detail is available concerning my qualifications. I understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. I understand that I will subject to drug screening. I understand that a police records check and/or driving record check will be conducted for designated positions. I understand and agree to these checks. I have read and understand the instructions for the completion of this application on the front of this form and understand that incomplete or unsigned applications will not be considered.

Signature of Applicant (Unsigned applications will not be processed)

Date