

# CINCINNATI AREA SENIOR SERVICES

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date \_\_\_\_\_

### PERSONAL INFORMATION

(Please Print)

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE NO.:( ) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt)? Yes  No

If yes, where, for what, and give dates: \_\_\_\_\_

Type of Position Applying for: \_\_\_\_\_  
(Describe)

Full-Time  Part-Time  Temporary  Will you work overtime hours? Yes  No

Will you work: Days Yes  No   
Evenings Yes  No   
Weekends Yes  No

Salary or Rate of Pay Desired? \_\_\_\_\_ Date available to start work? \_\_\_\_\_

Previously apply here? Yes  No  If Yes, give date(s): \_\_\_\_\_

Do you have a reliable means of transportation to and from work? Yes  No

Please list below three persons you have known for at least one year (exclude former employers and relatives).

Name and Occupation	Address	Phone Number

**EDUCATIONAL BACKGROUND**

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business or Trade				
Other				

**WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)**

Date, Month, and Year	Employer's Name, Address, Phone No.	Supervisor's Name, Address, Phone No.	Job Title and Duties	Salary/ Hourly Rate		Reason for Leaving
				Start	End	
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

Are you on layoff and subject to recall?      Yes       No

Are you known to schools/references/employers by another name?      Yes       No

If Yes, please indicate the name(s): \_\_\_\_\_

List any special skills or training you feel we should be aware of in considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Cincinnati Area Senior Services (“Senior Services”), will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
2. My signature authorizes Senior Services or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify Senior Services, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by Senior Services if I am made a contingent offer of employment. I release and agree to indemnify Senior Services, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.
4. I agree and consent that Senior Services may inspect any Senior Services’ property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto Senior Services’ premises are subject to inspection at any time and for any reason, without prior notice.
5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.
6. I understand and agree if I am employed by Senior Services, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, Senior Services can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in Senior Services’ employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and Senior Services for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that Senior Services may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on Senior Services unless it is in writing signed by me and the Executive Director of Senior Services, and that document states that the employment relationship is not “at-will” and details the specific promise or guarantee.
7. **READ CAREFULLY BEFORE SIGNING.** In consideration of Senior Services’ review of my application, I knowingly agree and understand that any claim or lawsuit arising out of my application for employment with, my employment with, or subsequent separation from Senior Services must be filed no more than 180 calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than 180 calendar days, I agree to be bound by the 180 calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

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Applicant’s Signature

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Date