

Pima Council on Aging Employment Application

Applicant Information					
Date		Phone		Email	
Last Name		First Name		Middle Name or Initial	
Mailing Address		City	State		ZIP Code
Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were you previously employed by Pima Council on Aging? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?		
Have you been convicted of any crime, including sex-related or child/vulnerable adult-abuse related offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					

Position Desired			
Job Title		Desired Rate of Pay	
Referred by: <input type="checkbox"/> PCOA Website <input type="checkbox"/> Job board <input type="checkbox"/> PCOA employee <input type="checkbox"/> Other			

Education/Training		
	Name of School City & State	Degree Awarded or Credit Hours Earned
High School or GED		
College or University		
Graduate or Other		
Other License, Degree, Certification, Training or Skills		
Language(s) other than English spoken:		

Pima Council on Aging Employment Application

Employment History				
1. Employer Name		Address		Phone number
Job Title		Salary		Reason for leaving
Supervisor Name and Title	Email/Phone	Dates employed	Month/Year	Month/year
Essential Duties				
2. Employer Name		Address		Phone number
Job Title		Salary		Reason for leaving
Supervisor Name and Title	Email/Phone	Dates employed	Month/Year	Month/year
Essential Duties				
3. Employer Name		Address		Phone number
Job Title		Salary		Reason for leaving
Supervisor Name and Title	Email/Phone	Dates employed	Month/Year	Month/year
Essential Duties				
4. Employer Name		Address		Phone number
Job Title		Salary		Reason for leaving
Supervisor Name and Title	Email/Phone	Dates employed	Month/Year	Month/year
Essential Duties				

Pima Council on Aging Employment Application

References				
Name	Email	Phone	Relationship	Years known

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
---------------------------------------	--	------------------------

This application is not an employment contract but is merely intended to evaluate suitability for employment. It is the policy of the agency to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under state and federal law. It is also the policy of the agency to conduct fingerprint and background screening as a condition of employment. Individuals with disabilities who need assistance to complete this application can contact the HR department to arrange suitable accommodations. This application will remain active for 60 days.

By signing below I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with PCOA. I understand that my continued employment depends on fingerprint clearance and Central Registry clearance. I agree to allow PCOA to contact the people I have listed on this application. I also agree not to hold any of these people liable for damages relating to any truthful information they provide regarding my qualifications for employment at PCOA. I understand that nothing in the application creates an employment contract or relationship. I also understand that, if hired by PCOA, my employment can be terminated at any time, by myself or PCOA, for any grounds not prohibited by law.

Printed Name: _____

Signature: _____ Date: _____