

WORK HISTORY Please fill out completely, please do not write "refer to resume".

Most Recent Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/wage _____ Ending Salary/wage _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/wage _____ Ending Salary/wage _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/wage _____ Ending Salary/wage _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

--

Previous Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____ Starting Salary/wage _____ Ending Salary/wage _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

In addition to your work history, what other experiences, skills or qualifications do you have which would benefit the agency ?

REFERENCES List three work related references.

Name	Address	Phone	Position	Years Acquainted
1.				
2.				
3.				

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Eastern Area Agency on Aging to make an investigation of any of the facts set forth in this application and release from any liability both the Eastern Area Agency on Aging and those who supply reference information.

I understand that employment at the Eastern Area Agency on Aging is "at-will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, or manager of the Eastern Area Agency on Aging, other than the Executive Director has any authority to alter the foregoing.

Date _____ Signature _____