NASSAU COUNTY Council on Aging

SENIORS LIVING HAPPY, HEALTHY LIVES.

Employment Application

Date _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone (___) _____ Email _____

Are you under age 18? ☐ YES ☐ NO If "YES", can you provide proof of your eligibility to work? ☐ YES ☐ NO

Are you currently authorized to work in the United States? ☐ YES ☐ NO. Proof of eligibility will be required if hired.

Position applied for: _____

Desired wage: _____

Days/hours available to work

No Pref	☐	Thur	☐
Mon	☐	Fri	☐
Tue	☐	Sat	☐
Wed	☐	Sun	☐

How many hours can you work weekly? _____

Employment desired: ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ TEMPORARY/CONTRACT ☐ NO PREFERENCE

When are you available to start work?_____

Are you able to travel if job requires it? ☐ YES ☐ NO

Do you have a current Certified Nursing Assistant license? ☐ YES ☐ NO

Date license expires (if applicable) _____20___

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? ☐ No ☐ Yes (A conviction record will not necessarily disqualify you from employment.)

Employee referral? Name: _____

APPLICATION FOR EMPLOYMENT

MILITARY

Have you ever been in the Armed Services? ☐ Yes ☐ No

Are you now a member of the Armed Services? ☐ Yes ☐ No

Specialty ________________________________ Date Entered _______________ Discharge Date _____________

Work Experience	Please list your work experience from the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No If not, who did? ______________________________

PLEASE READ CAREFULLY

I hereby authorize Nassau County Council on Aging, Inc. to obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Nassau County Council on Aging, Inc. and its representatives for seeking, gathering and using such information to make employment decisions, and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

_____

Applicant Signature

_____

Print

_____

Date

After completing the application, please send it via email to Don Harley, HR Director, donharley@nassaucountycoa.org, or by mail to 1901 Island Walk Way, Fernandina Beach, FL 32034.

NCCOA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for your interest in our organization.

08/2022