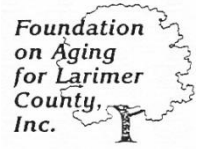


Foundation on Aging for Larimer County



Employment Application

Today's Date _____

Programs, services, and employment are equally available to everyone. Please inform the FOA if you require reasonable accommodation for the application or interview.	Position Applied for:
How were you referred to the FOA?	Start Date:
	Date of Interview:

Full Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: () _____ Other: _____ Email: _____

Date Available to Start: _____ Salary Requirement: _____

Social Security Number: _____ Work permit (if under 18)? Yes _____ No _____

If no work permit, please explain: _____

Are you a citizen of the United States? Yes _____ No _____

Type of employment desired: Full time Part-time Temporary

Have you ever pleaded 'guilty,' 'no contest,' or been convicted of a crime? Yes _____ No _____

If yes, give dates and details: _____

Answering 'yes' to this question does not constitute an automatic rejection for consideration of employment. The date of the offense, seriousness and nature of the violations, rehabilitation and position applied for will be considered.

Driver's license number: _____ State Issued _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS: _____

PREVIOUS EMPLOYMENT (Begin with the most recent position)

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Location: _____ Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary/Title: _____ Ending Salary/Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

+++++

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Location: _____ Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary/Title: _____ Ending Salary/Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

+++++

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Location: _____ Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary/Title: _____ Ending Salary/Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

+++++

I certify that my answers are true and to the best of my knowledge. I authorize you to investigate and make inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my applications or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____