

**Blue Rivers Area Agency on Aging  
Equal Employment Opportunity Employer**

**Application for Employment**

This application is good for 30 days or until the position is filled.

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**Blue Rivers Area Agency on Aging** assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, gender identity, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.**

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time  Part-Time  Regular  Temporary

Have you ever been employed here before?       Yes     No    If yes, give date: \_\_\_\_\_

Have you filed an application here before?       Yes     No    If yes, give date: \_\_\_\_\_

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_      Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_      Date Available for Work \_\_\_\_\_

How did you learn about the job you have applied for? (Be specific as to the source.) \_\_\_\_\_

Are you legally authorized to work in the United States?     Yes     No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.

This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference?     Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]



Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	

**EDUCATION/SKILLS RECORD**

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

Circle Highest Grade Completed: 6 7 8 9 10 11 12      College: 1 2 3 4 5 \_\_\_      Did You Graduate? \_\_\_Yes \_\_\_No

Post- High School	Name of School	Major	Degree Type
College/University			
Graduate School			

If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):

- Typing                       Word Processing                       Data Entry                       PC/Computer Terminal  
 Calculator/Adding Machine                       Dictation Equipment                       Shorthand/Speedwriting

Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

**LICENSES AND CERTIFICATES**

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession	License Number
Granted by	City and/or State
Specialty	Licensed                      From:                      To:

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**APPLICANT'S STATEMENT**

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These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by Blue Rivers Area Agency on Aging to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon Blue Rivers Area Agency on Aging policy.

**I authorize Blue Rivers Area Agency on Aging to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify Blue Rivers Area Agency on Aging against any liability that might result from making such investigation. Furthermore, I authorize Blue Rivers Area Agency on Aging to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that Blue Rivers Area Agency on Aging deems appropriate.**

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Blue Rivers Area Agency on Aging and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Blue Rivers Area Agency on Aging retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the Blue Rivers Area Agency on Aging Governing Board.

**SIGN  
HERE**

\_\_\_\_\_   
Applicant's Signature (Use Ink)

\_\_\_\_\_   
Date

**NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**