

APPLICANT'S AGREEMENT

"I understand and agree that, if I am employed by the Licking County Aging Program, (hereinafter called "Agency" my employment is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Agency or myself. I understand and agree that the Agency reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at any time with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any Agency representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the Agency, other than the Executive Director or the Board of Directors as a whole, have any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with the Agency, except that the above-mentioned officials of the Agency may do so in writing, although the terms of that Agreement cannot contradict the contents of this one. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by the Agency, and if I accept that offer, this document will serve as primary Agreement between the Agency, its representative and myself. I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize the Agency to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone the Agency contacts as part of its investigation to release any information they have regarding me or my employment to the Agency or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to the Agency. Further, I release the Agency from all liability for any information it might deem appropriate to lease regarding me and my employment in the future.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Agency at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Agency. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

"I agree that any claim or lawsuit relating to my service with Licking County Aging Program or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary." Yes, I agree

If you are hired, this employment application will become part of your official employment record.

Applicant's Signature

Date



APPLICATION FOR EMPLOYMENT

LICKING COUNTY AGING PROGRAM IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF LCAP TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, VETERAN STATUS, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute “see resume” for any requested information. **Applications will be accepted for posted job openings only.** A job description must be signed and submitted with the application.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

PERSONAL DATA

Last Name	First Name	Middle	Email
Street Address			Home Phone with Area Code
City	State	Zip	Cell Phone
Position Desired <i>(Do NOT leave blank)</i>		Salary Desired <input type="checkbox"/> per hour <input type="checkbox"/> per year	
Are you 18 years or older? yes no	For insurability, <u>if you are applying for a job that requires driving,</u> are you at least 25 years of age and <u>do you have a valid driver’s license?</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.</i>			
Are you currently employed?	May we contact your current employer?	Are you currently on layoff status and subject to recall?	
When would you be able to begin work?	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call		
Are you legally eligible to work in the United States?	Are you related to anyone employed here?	If yes, who?	
How did you learn of Licking County Aging Program?			
What inspired you to inquire about employment with us?			
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain and give dates:			
<i>NOTE: A conviction will not necessarily be a bar to employment. Ohio Administrative Code 173-9-10 will be used to determine eligibility pursuant to Ohio Department of Aging requirements.</i>			
Have you been a continuous resident of Ohio for the last five years? yes no		If no, previous state of residence:	

EMPLOYMENT HISTORY FOR AT LEAST 5 YEARS**(LIST MOST RECENT EMPLOYER FIRST)**

Company Name & Address	Dates From:	Job Title & Description
Phone	To:	
Supervisor	Salary	Reason for Leaving

Company Name & Address	Dates From:	Job Title & Description
Phone	To:	
Supervisor	Salary	Reason for Leaving

Company Name & Address	Dates From:	Job Title & Description
Phone	To:	
Supervisor	Salary	Reason for Leaving

Company Name & Address	Dates From:	Job Title & Description
Phone	To:	
Supervisor	Salary	Reason for Leaving

SPECIAL SKILLS AND TRAINING

List any other advanced training, continuing education or special study experience, skills or knowledge (such as computer) that you think would be helpful in the position for which you are applying.

Optional: List any activities, civics, athletics, professional affiliations:

EDUCATION **

Name	City, State	# of Years	Subject / Major	Certificate/Degree
High School				
College or Trade School				

*** Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.*

REFERENCES

Please list three **BUSINESS** associates you have known at least one year. Print legibly.

Name	Company	Years Known	Phone Number

Please list two **PERSONAL** references you have known at least one year. Print legibly.

Name	Relationship	Years Known	Phone Number

VOLUNTEERING / EMERGENCY CONTACT / WAIVER OF LIABILITY

As a precursor to your employment with the Licking County Aging Program, you may be asked to volunteer for a day or two in your prospective department to give you an opportunity to observe the various job duties. During that time if it becomes necessary to notify an emergency contact, whom do you want us to contact? (Print clearly) **By signing this application, you attest that you understand while you are volunteering you are not covered by LCAP's Worker's Compensation Insurance and you release Licking County Aging Program from any liability for any injuries you may sustain as a result of volunteering.**

Name	Relationship	Home Phone	Cell Phone



**LICKING COUNTY AGING PROGRAM
IS AN EQUAL OPPORTUNITY EMPLOYER**

AFFIRMATIVE ACTION PROGRAM

We are funded, in part, by Title III Federal funds. As such we must track applicant information with regard to equal employment opportunity and affirmative action. Please mark any that apply and return either in person or by mail. Make no other identifying marks on the form or envelope. While this information is voluntary, we would appreciate your cooperation in the matter. This information will be kept strictly confidential and separate from your application.

Race/Ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian | <input type="checkbox"/> 2 or more races |
| <input type="checkbox"/> Hispanic/Latino | | |

Gender:

- Male Female

Age:

- Vietnam-Era Veteran** (A person who served on active duty for at least 180 days, part of which was between August 5, 1964 and May 7, 1975).
- Disabled Veteran** (A person entitled to disability compensation through the Veteran's Administration disability rated at 30% or more; or a person discharged or released from active duty for a disability in aggravated in the line of duty).
- Disabled** (Physical or mental disability which substantially limits one or more major life activities).