

APPLICATION FOR EMPLOYMENT
WELLS COUNTY COUNCIL ON AGING/WELLS ON WHEELS
225 W. WATER ST., BLUFFTON, IN 260-824-1070

The Wells County Council on Aging is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law. The Wells County Council on Aging will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

Name: _____

Address: _____
Street City State Zip

Phone # _____ Email: _____

Position applied for _____

EMPLOYMENT RECORD:

Employer & Address	Dates of Employment	Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES: (Persons not related, who have known you over a period of time)

Name	Phone
_____	_____
_____	_____
_____	_____

EDUCATION:

High School: _____ Years completed: _____

College: _____ Years completed: _____

Business College: _____ Years completed: _____

Other: _____ Years completed: _____

SIGNATURE: _____ **DATE:** _____

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing your initials beside each paragraph)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in termination.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including the Wells County Council on Aging, personal references, and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the Wells County Council on Aging takes on the basis of such information.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the Wells County Council on Aging or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other firm material do not create any guarantee of employment and that the Wells County Council on Aging has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law.

_____ Date

_____ Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER SIX MONTHS