

# Randolph Senior Adults Association



## EMPLOYMENT APPLICATION

Applicant Information										
Full Name:					Date:					
<i>Last</i>		<i>First</i>			<i>M.I.</i>					
Address:										
<i>Street Address</i>					<i>Apartment/Unit #</i>					
<i>City</i>			<i>State</i>			<i>ZIP Code</i>				
Phone: (    )			Phone: (    )			E-mail:				
Date Available:			Social Security No.:			Desired Salary: \$				
Position Applied for:										
					Circle One:		Full Time	Part Time	No Preference	
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been in the Military Service?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give type of discharge				
Have you ever worked for RSAA?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and what position?				
Can you travel if the job requires it?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been convicted of an offense against the law other than a minor traffic violation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain fully on another sheet of paper				
<small>(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)</small>										
Education										
High School:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Professional References										
<i>Please list three professional references that are NOT related to you (No family members or personal friends)</i>										
Full Name:					Relationship:					
Company:					Phone: (    )					
Address:										
Full Name:					Relationship:					
Company:					Phone: (    )					
Address:										
Full Name:					Relationship:					
Company:					Phone: (    )					
Address:										

### Previous Employment

Beginning with your present or most recent job, describe in detail ALL work experiences, using a separate section for each position. List all jobs you have held, including periods of unemployment and military service as well as internships, volunteer and summer work. Use additional continuation sheets if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. **DO NOT DEFER TO RESUME.**

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Full time     Part time    hrs per week    # You supervised

May we contact your previous supervisor for a reference?    YES     NO

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Full time     Part time    hrs per week    # You supervised

May we contact your previous supervisor for a reference?    YES     NO

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Full time     Part time    hrs per week    # You supervised

May we contact your previous supervisor for a reference?    YES     NO



**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

**Disclaimer and Signature**

*I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*I understand that a statewide background check of my driving and criminal records will be conducted prior to employment. I permit RSAA to conduct a police and court records investigation of my background. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.*

*I understand I will be required to successfully pass a drug screening examination prior to employment. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, as well as random drug screenings during employment as required by RSAA Personnel Policies. I also understand that if I refuse to consent, I will be removed from further consideration for employment. I understand that submission to such testing is a condition of employment with RSAA and disciplinary action, up to and including discharge, may result for violating RSAA's Drug and Alcohol Policy. Further, I give my consent to the release of my test results to authorized RSAA management for appropriate review.*

*I understand that as a condition of my employment at RSAA I must agree to sign an "Agreement of Confidentiality". I agree to abide by the Agreement in its entirety and I also understand that this agreement will be kept in my personnel file indefinitely.*

*Further, I understand that RSAA is an at-will employer and that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. Also, in consideration of my employment, I agree to conform to the rules and regulations of RSAA, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Agency or myself. I understand that no manager or representative of RSAA other than the Executive Director or President of the Agency, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.*

*I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand, also, that I am required to abide by all rules and regulations of the employer.*

***I have read, understand and, by my signature, consent to these standards.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please see the attached "Voluntary Self Identification Form"**

**If it has not been provided to you, please ask for one**