

SENIOR RESOURCE CONNECTION

222 Salem Avenue, Dayton Ohio 45406
105 S. Wilkinson Street, Dayton, Ohio 45402
(937) 223-8246 Fax (937) 222-6307

APPLICATION FOR EMPLOYMENT

Please print or type

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability or marital status.

Name: _____ Date: _____
Last First MI

Address: _____ Home Telephone# _____
Street City State Zip

Cell # _____

Are you at least 18 years of age? () Yes () No Are you at least 21 year of age? () Yes () No

Are you legally eligible for employment in the USA? () Yes () No
(All persons hired will be required to show identity and work eligibility documents)

How did you learn of this opening? _____

Have you worked for us before? () Yes () No If yes, what month and year did you leave? _____

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-time _____ Full-time _____ Temp _____

Are you willing to work overtime, when required? () Yes () No

List friends who work here: _____ List relatives who work here: _____

Have you ever been convicted of a felony since the age of 18? () Yes () No
If yes give date(s) and explain: _____
(a conviction record will not necessarily be a bar to employment)

EDUCATION	Name/Location of School	Years Attended	Major	Diploma/Degree
High School		XXXXXX		
College/Univ		to		
Other Skills, Training and Certifications: _____				

MILITARY SERVICE RECORD:
Have you served in the U.S. Armed Forces? () No () Yes – Dates of Duty _____ to _____
Mo/Yr Mo/Yr

Branch: _____ Skills Acquired: _____

POSITION (S) APPLIED FOR: 1. _____ 2. _____

Wage or salary desired: _____ Date Available to Start: _____

WORK HISTORY

May we contact current employer(s)? () Yes () No If no, please explain:

Most Recent Employer	Address	Phone
Date Started	Starting Salary \$ _____ per	Starting Position
Date Left	Salary on Leaving \$ _____ per	Position on Leaving
Name/Title of Supervisor		
Description of Duties		Reason For Leaving

Previous Employer	Address	Phone
Date Started	Starting Salary \$ _____ per	Starting Position
Date Left	Salary on Leaving \$ _____ per	Position on Leaving
Name/Title of Supervisor		
Description of Duties		Reason For Leaving

Previous Employer	Address	Phone
Date Started	Starting Salary \$ _____ per	Starting Position
Date Left	Salary on Leaving \$ _____ per	Position on Leaving
Name/Title of Supervisor		
Description of Duties		Reason For Leaving

IMPORTANT NOTICE

PLEASE READ CAREFULLY

The Senior Resource Connection (hereafter referred to as SRC/Organization) is an equal opportunity employer, and selects the best matched individual for our positions based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, disability or other protected groups under state, federal or local Equal Employment laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment.
2. It is my understanding that the SRC will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SRC and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Organization at any time, without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I consent to take a medical examination by a qualified physician at the discretion of my employer, after an offer of employment has been made.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for no definite period of time and that SRC can change wages, benefits and conditions at any time.

I have read and understand the above.

Applicant's Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER

REFERENCE CONTACTS
FOR POTENTIAL EMPLOYEES

Every applicant needs to provide at least 3 reliable reference contacts and phone numbers. Preferred reference contacts should be work-related and personal contacts, and not relatives.

Applicant Name: _____

Reference: _____ **Work #:** _____
Interviewer completes: _____ **Home #:** _____

Date reference was done: _____ *Circle how information was received : phone fax mail*

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Interviewer completes: _____ **Home #:** _____

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Interviewer completes: _____ **Home #:** _____

Date reference was done: _____ *Circle how information was received : phone fax mail*

Date: _____
Month Day Year

SENIOR RESOURCE CONNECTION

RECRUITMENT SURVEY

For Statistical Purposes Only

In complying with the provisions of the U. S. Equal Employment Opportunity Act, the Senior Resource Connection is vigorously undertaking a program to seek out and attract under-represented citizens.

Consequently, on a voluntary basis, we are requesting that you assist us by filling out this Recruitment Survey form. This information will be kept separate from your application.

POSITION APPLIED FOR: _____

SEX: _____ Male _____ Female

AGE: _____ **Currently Employed:** () Yes () No

ETHNIC ORIGIN

BLACK OR AFRICAN AMERICAN _____ **TWO OR MORE RACES** _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ **WHITE** _____

ASIAN _____ **HISPANIC OR LATINO** _____

ARE YOU A VETERAN? () Yes () No
Vietnam () Yes () No
Disabled Vet () Yes () No

EDUCATION

Circle last year of school attended

1 2 3 4 5 6 7 8
Elementary School

9 10 11 12
High School

13 14 15 16
College

17 18 19 20
Advanced Degree

HOW DID YOU FIND OUT ABOUT THIS POSITION?

_____ Newspaper Ad
_____ Radio _____ Television
Name of Station _____
_____ Newspaper Story
Name/Date of News Story _____

_____ Internet Notice
Internet Notice Board _____

_____ Current SRC Employee (relative)
_____ Past SRC Employee (relative)
_____ Current SRC Employee (friend)
_____ Past SRC Employee (friend)
_____ Friend _____ Relative
_____ Walk in
_____ Job Center Referral
_____ Other _____