

# 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 Legible

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 Phone# \_\_\_\_\_  
Street City State Zip

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

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

\* POSITION (S) APPLYING FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
MUST have a current Ohio Drivers License before applying for a driving position.

Wage desired: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you worked for us before? Yes ( ) No ( ) If yes, what month & year did you leave? \_\_\_\_\_

What was your last position at SRC? \_\_\_\_\_

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 ( )

How did you learn of this opening? \_\_\_\_\_

List friends who work here: \_\_\_\_\_ List relatives who work here: \_\_\_\_\_

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: \_\_\_\_\_

**Do you have any misdemeanor and/or felony convictions since age of 18?** Yes ( ) No ( )

If yes, must give all dates and explain each: (A conviction record will not necessarily be a bar to employment)

**WORK HISTORY (Last 3 jobs)**

Most Recent Employer	Address	Phone
Date Started	Starting Wage \$                      per	Starting Position
Date Left	Wage on Leaving \$                      per	Last Position Held
Name/Title of Supervisor		
Description of Duties		Reason for Leaving

Employer	Address	Phone
Date Started	Starting Wage \$                      per	Starting Position
Date Left	Wage on Leaving \$                      per	Last Position Held
Name/Title of Supervisor		
Description of Duties		Reason for Leaving

Employer	Address	Phone
Date Started	Starting Wage \$                      per	Starting Position
Date Left	Wage on Leaving \$                      per	Last Position Held
Name/Title of Supervisor		
Description of Duties		Reason for Leaving

**For additional jobs, please attach paper to this with the requested information.**

# **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

**Provide at least 3 reliable reference contacts. State how you know the person and provide contact phone numbers.** Preferred references should be work-related and personal contacts; not relatives.

**Applicant Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **How do you know this person?** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

*Interviewer completes:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date reference was done:* \_\_\_\_\_ *Circle how information was received: phone fax mail in-person*

**Name:** \_\_\_\_\_ **How do you know this person?** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

*Interviewer completes:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date reference was done:* \_\_\_\_\_ *Circle how information was received: phone fax mail in-person*

**Name:** \_\_\_\_\_ **How do you know this person?** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

*Interviewer completes:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date reference was done:* \_\_\_\_\_ *Circle how information was received: phone fax mail in-person*

**Name:** \_\_\_\_\_ **How do you know this person?** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

*Interviewer completes:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date reference was done:* \_\_\_\_\_ *Circle how information was received: phone fax mail in-person*