

DRIVERS NEEDED!

Marshall County Council on Aging is currently hiring part-time transportation specialists. Applicants must have or obtain a for-hire endorsement and pass a physical & drug test. If you are willing and able to assist and transport elderly and disabled clients as well as the general public, **apply in person at Marshall County Council On Aging, 1305 W. Harrison Street, Plymouth, IN**

~~~Application is attached below~~~



# MARSHALL COUNTY COUNCIL ON AGING

## Employment Application



| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                           |                      |                                                                               |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|-----------------------------|
| Last Name                                                                                                                                                                                                              | First                | M.I.                                                                          | Date                        |
| Street Address                                                                                                                                                                                                         |                      | Apartment/Unit #                                                              |                             |
| City                                                                                                                                                                                                                   | State                | ZIP                                                                           |                             |
| Phone                                                                                                                                                                                                                  | Position Applied for |                                                                               |                             |
| 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"/>         |                      |                                                                               |                             |
| Medical History:                                                                                                                                                                                                       |                      |                                                                               |                             |
| Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain                                                                                                  |                      |                                                                               |                             |
| <b>EDUCATION</b>                                                                                                                                                                                                       |                      |                                                                               |                             |
| High School                                                                                                                                                                                                            |                      | Address                                                                       |                             |
| From                                                                                                                                                                                                                   | To                   | Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree                      |
| College/Other                                                                                                                                                                                                          |                      | Address                                                                       |                             |
| From                                                                                                                                                                                                                   | To                   | Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree                      |
| <b>REFERENCES</b>                                                                                                                                                                                                      |                      |                                                                               |                             |
| <i>Please list three references.</i>                                                                                                                                                                                   |                      |                                                                               |                             |
| Full Name                                                                                                                                                                                                              | Phone                | Years Known                                                                   |                             |
| Full Name                                                                                                                                                                                                              | Phone                | Years Known                                                                   |                             |
| Full Name                                                                                                                                                                                                              | Phone                | Years Known                                                                   |                             |
| <b>PREVIOUS EMPLOYMENT/EXPERIENCE</b>                                                                                                                                                                                  |                      |                                                                               |                             |
| Company                                                                                                                                                                                                                |                      | Phone                                                                         | (    )                      |
| Position                                                                                                                                                                                                               |                      | Supervisor                                                                    |                             |
| From                                                                                                                                                                                                                   | To                   | Reason for Leaving                                                            |                             |
| May we contact your previous supervisor for a reference?                                                                                                                                                               |                      | YES <input type="checkbox"/>                                                  | NO <input type="checkbox"/> |
| Company                                                                                                                                                                                                                |                      | Phone                                                                         | (    )                      |
| Position                                                                                                                                                                                                               |                      | Supervisor                                                                    |                             |
| From                                                                                                                                                                                                                   | To                   | Reason for Leaving                                                            |                             |
| May we contact your previous supervisor for a reference?                                                                                                                                                               |                      | YES <input type="checkbox"/>                                                  | NO <input type="checkbox"/> |
| HAVE YOU BEEN EMPLOYED BY ANOTHER DOT-COVERED EMPLOYER WITHIN THE PAST 2 YEARS? <b>YES</b> _____ <b>NO</b> _____                                                                                                       |                      |                                                                               |                             |
| HAVE YOU TESTED POSITIVE OR REFUSED TO TEST ON A PREVIOUS DOT-COVERED EMPLOYER WITHIN THE PAST 2 YEARS? <b>YES</b> _____ (COMPLETE APPLICATION SUPPLEMENT & AUTHORIZATION TO RELEASE INFORMATION FORM) <b>NO</b> _____ |                      |                                                                               |                             |
| <b>(OVER)</b>                                                                                                                                                                                                          |                      |                                                                               |                             |

Marshall County Council on Aging is an equal opportunity employer and a drug-free workplace.



# MARSHALL COUNTY COUNCIL ON AGING

Employment Application



|                                                                                                                                                                                                                                                                  |              |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|
| <b>EMERGENCY CONTACT:</b> Name                                                                                                                                                                                                                                   | Phone (    ) | Alt. Phone (    ) |
| <b>PLEASE LIST BELOW ANY OTHER EXPERIENCE WITH PHONE SYSTEMS/DISPATCH, CUSTOMER SERVICE, COMPUTER SKILLS, WORKING WITH THE ELDERLY, ETC.</b>                                                                                                                     |              |                   |
| <b>DISCLAIMER AND SIGNATURE</b> I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |              |                   |
| Signature                                                                                                                                                                                                                                                        |              | Date              |