

Wanted Full-Time Scheduler

Marshall County Council On Aging is seeking a full-time scheduler for our public transportation service. Applicants must have good communication and computer skills, have or obtain a for-hire endorsement driver's license, and pass a physical & drug test. MCCOA is a non-profit, equal opportunity employer.

Apply in person at Marshall County Council on Aging
1305 W. Harrison Street, Plymouth, IN.

5-26-2022

Wanted Part-time Public Transportation Driver

Part-time van driver position for local transportation provider.
Must have or obtain a Public Passengers Chauffeurs License and pass a physical.
Dispatch experience and computer skills a plus.

Apply in person at Marshall County Council On Aging
1305 W. Harrison Street, Plymouth, IN 46563

5-26-2022



MARSHALL COUNTY COUNCIL ON AGING

Employment Application



APPLICANT INFORMATION

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 NO If yes, explain

EDUCATION

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

REFERENCES

Please list three references.

Full Name	Phone	Years Known
Full Name	Phone	Years Known
Full Name	Phone	Years Known

PREVIOUS EMPLOYMENT/EXPERIENCE

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? **YES** _____ **NO** _____

HAVE YOU TESTED POSITIVE OR REFUSED TO TEST ON A PREVIOUS DOT-COVERED EMPLOYER WITHIN THE PAST 2 YEARS? **YES** _____ **NO** _____ YES TO EITHER: COMPLETE APPLICATION SUPPLEMENT & AUTHORIZATION TO RELEASE INFORMATION

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(OVER)



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EMERGENCY CONTACT: Name	Phone ()	Alt. Phone ()
PLEASE LIST BELOW ANY OTHER EXPERIENCE WITH PHONE SYSTEMS/DISPATCH, CUSTOMER SERVICE, COMPUTER SKILLS, WORKING WITH THE ELDERLY, ETC.		
DISCLAIMER AND SIGNATURE 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