



COUNCIL ON AGING OF MARTIN COUNTY, INC.
900 S.E. Salerno Road, Stuart, FL 34997
EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applying for					
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If under 18 years of age, can you provide required proof of your eligibility to work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you legally eligible to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been terminated from a position?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to perform all the essential duties of the job as described?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any relatives currently or previously employed at COAMC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
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

List other skills that may benefit the position for which you are applying:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Years known	Phone ()
Full Name	Relationship
Years known	Phone ()
Full Name	Relationship
Years known	Phone ()

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DRIVERS ONLY

Driver's License Number	State
Driver's License Class	Endorsements

APPLICANT STATEMENT AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

If this application leads to employment, I understand that false or misleading information in my application or interview will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant	Date
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COUNCIL ON AGING OF MARTIN COUNTY, INC.

COAMC is an EQUAL OPPORTUNITY EMPLOYER. To help us comply with government record keeping requirements, we would appreciate your completing this form. You are not required to provide this information, and if you choose not to, your decision will not affect your application. This data will be kept confidential, and only be used in accordance with applicable federal and state laws and regulations. The following list of classifications is mandated by the EEOC.

PLEASE PRINT ALL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

Last Name _____ First Name _____ Middle _____

Male () Female ()

Race/Ethnicity Data (check only one):

White () A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black () A person having origins in any of the Black racial groups of Africa.

Asian or Pacific Island () A person having origins in any of the original peoples of the Far East, southeast Asia, the Indian subcontinent, or the Pacific Island. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native () A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

Hispanic () A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

U.S. Military service:

Branch _____ Service Dates _____

Training and/or Duties _____
