



Institute on Aging

Helping Bay Area Seniors Live Independently

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First

Permanent Address: _____
Street City State/Zip

Phone Number: _____
Home Cell

Email Address: _____ How did you hear of the job? _____

EMPLOYMENT DESIRED:

FT PT TEMP CASUAL

Position: _____ Date Available to Begin Work: _____

Desired Salary: _____ Days and hours are you willing to work? _____

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Are you presently legally authorized to work in the U.S. on a full-time basis? Yes No

EDUCATION AND SKILLS:

Check the box which reflects highest education completed:

High School Graduate or GED Number of Years Completed _____

Some College Number of Years Completed _____

College: _____
Name Degree earned Dates attended

Trade or Business School: _____
Name Degree earned Dates attended

Please list certificates or licenses you hold that may help qualify you for employment, as well as any job-related professional or technical organizations to which you belong:

Please list any languages you speak in addition to English: _____

Driver's License Yes No State: _____ Number: _____ Expiration Date: _____

Military Service: _____

PROFESSIONAL / BUSINESS REFERENCES:

Give the names of three persons – not relatives or friends – who can vouch for your work performance.

Name Professional Relationship Address Phone Number

1. _____

2. _____

3. _____

FORMER EMPLOYERS: *(List each of your last four employers, starting with current or most recent):*

Employer	Employed From: Month/Year	To: Month/Year	Position Title	
Street Address		Final Salary	Name under which you work, if different than shown on first page	
City/State/Zip Code	Last Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Description			Reason for Leaving	
Employer	Employed From: Month/Year	To: Month/Year	Position Title:	
Street Address		Final Salary	Name under which you work, if different than shown on first page	
City/State/Zip Code	Last Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Description			Reason for Leaving	
Employer	Employed From: Month/Year	To: Month/Year	Position Title	
Street Address		Final Salary	Name under which you work, if different than shown on first page	
City/State/Zip Code	Last Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Description			Reason for Leaving	
Employer	Employed From: Month/Year	To: Month/Year	Position Title	
Street Address		Final Salary	Name under which you work, if different than shown on first page	
City/State/Zip Code	Last Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Description			Reason for Leaving	

If you were not continuously employed for the past five years, please explain any gaps in employment:

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME (please include Jr., Sr., II, III, etc.)

Understand that in conjunction with my application for employment, INSTITUTE ON AGING will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications (including education). This agency will provide a report to INSTITUTE ON AGING. INSTITUTE ON AGING uses Backgrounds Online, a consumer-reporting agency, as an agent to perform background verifications. INSTITUTE ON AGING also uses various sources to perform verifications on post-secondary and secondary degree, diploma, and enrollment.

Backgrounds Online will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to INSTITUTE ON AGING, and Backgrounds Online.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by INSTITUTE ON AGING if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to INSTITUTE ON AGING. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: Backgrounds Online, 1401 El Camino Ave. 5th Floor, Sacramento, CA 95815, phone: 800-838-4804.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE INSTITUTE ON AGING AND ITS AGENTS, BACKGROUND ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

Signature _____ Today's Date _____

Print Name _____ Position Applied For _____

____ - ____ - ____ / ____ / ____ _____
Social Security Number Date of Birth Driver's License Number / State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt. # City State / Zip Code Length of residency

Former Address: _____
Street Apt. # City State / Zip Code Length of residency

Former Address: _____
Street Apt. # City State / Zip Code Length of residency

Former Address: _____
Street Apt. # City State / Zip Code Length of residency

May we contact your current employer? [] Yes [] No

- Have you been discharged for cause from any previous work position? Yes No
- Have you ever been arrested under Penal Code 290? (Registration of sexual offenders / abusers of dependent adults) Yes No
- Do you currently use any controlled substances? Yes No
- Have you ever been convicted of criminal involvement in Medicare, Medi-Cal or other health insurance, health care, or social services programs under Title 22 of the Social Security Act? Yes No
- Have you ever been excluded from participation in the Medicare or Medi-Cal programs or debarred from a Federal Agency? Yes No
- Have you ever been convicted of a crime (Do not include misdemeanor marijuana convictions that occurred more than 2 years ago, or convictions whose records have been sealed, expunged or statutorily eradicated, or misdemeanor convictions for which probation has been successfully completed)? Yes No
- Have you ever been arrested under Health and Safety Code 11590? (Registration of controlled substance abusers) Yes No
- Is there anything that might interfere with your ability to perform the job for which you are applying? Yes No
- Is there any reason you may not be able to attend work on a regular basis or be at work on time? Yes No
- Have you received any traffic violation or citations in the last three years? Yes No
- Have you ever been employed at IOA? Yes No
- Do you have any relatives currently working at IOA? Yes No

Please explain any YES answers to the above questions:	

***Conviction of a crime that is violent, sexual or financial in nature
may result in denial of Employment with IOA.***

AGREEMENT

I understand and acknowledge the following:

1. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Agency to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my D.M.V. record, and criminal record.
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
4. If I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal.
5. I will be required to possess a current and valid California driver's license and be insurable if my job requires me to drive in the course of my work.
6. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Agency.
7. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at-will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of the Agency, no supervisor or manager may alter or amend the above conditions. Only the President of the Agency has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I further understand that what is said in paragraph 4 above constitutes the complete understanding as to the circumstances in which my employment may be terminated.
8. I understand and agree to arbitrate any dispute or controversy, both statutory and non-statutory, concerning or in any way relating to my employment or prospective employment with Institute on Aging, in accordance with the rules of the Judicial Arbitration and Mediation Service or a mutually agreeable arbitrator. I further understand and agree that, as a condition of employment, I may be required to enter into an employment agreement which will, among other things, include an agreement to arbitrate all disputes arising out of my employment or the termination of my employment.
9. If I am offered employment, a physical examination and a tuberculosis test at the Institute on Aging's expense must be taken and satisfactorily passed prior to the time of reporting for duty.
10. If I am offered employment, a fingerprint clearance must be taken and satisfactorily passed prior to the time of reporting for duty.
11. My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief, the information on the application form is true and correct.

Date: _____ Signature: _____

Institute on Aging's policy is to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws. Institute on Aging is an equal opportunity employer and selects employees on the basis of ability, experience, training, and character. Please contact the President of Institute on Aging if you have any questions or complaints regarding this policy.

Please note: Institute on Aging considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of application, please reapply.