

EQUAL EMPLOYMENT OPPORTUNITY DATA

Osceola County Council on Aging is an Affirmative Action, Equal Opportunity Employer (EEO). Completion of this form is entirely voluntary; all information will remain confidential and will not affect your application for employment. (This form will be separated from your application and maintained in a separate binder for data collection purposes only.) We are required by law to collect this information for EEO purposes and it will not become part of your personnel record if you are hired by this agency.

Date: _____ Position applied for: _____

Please check the appropriate options below:

_____ Male
_____ Female

Please check the appropriate Race or Ethnic group below:

_____ **White** (not of Hispanic Ethnicity); all persons not classified into one of the four specific minority categories that follow; also includes by definition persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ **Black** (not of Hispanic Ethnicity); all persons having origins in any of the black racial groups.

_____ **Hispanic**; all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or ethnicity, regardless of race.

_____ **Asian or Pacific Islanders**; all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian Subcontinent. For example: the area includes China, Japan, Korea, the Philippines, Samoa and India.

_____ **American Indian or Alaskan Native**; all persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

APPLICATION FOR EMPLOYMENT

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

| | | | |
|--|--|---|-----------------------|
| Last Name | First | Middle | Date |
| Street Address | | | Home Phone () |
| City | State | Zip | Business Phone () |
| Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain: | | If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name: | | | |
| Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case (Convictions will not necessarily disqualify you for the position): | | | |
| Do you have a non-compete agreement or are you subject to any restrictive covenant with any of your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain. | | | |

II. EMPLOYMENT INTERESTS

| | | | |
|--|-----------------------------------|----------------|--|
| Position Desired | Date Available | Salary Desired | Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> | Days and hours available for work | | |
| How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in | | | |

III. EDUCATION INFORMATION

| School Level | Name and Location of School | Course of Study | Circle last grade completed | Did you graduate? | Degree or Diploma |
|--------------------------|-----------------------------|-----------------|-----------------------------|---|-------------------|
| High School | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| College/University | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Post Graduate | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Business/Trade Technical | | | 1 2 3 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |

IV. SKILLS - If Applicable for Position for Which You Are Applying

| | | |
|--|---|---|
| Typing speed wpm | 10 key by Touch <input type="checkbox"/> Yes <input type="checkbox"/> No | Foreign Languages (indicate proficiency to speak, read and write) |
| PC Skills (Indicate software used) | | |
| Other Skills | | |
| Do you have any experience, training, qualifications or special skills that you think make you especially suited for work at this company? (Explain) | | |

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICATION FOR EMPLOYMENT

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

| | | | | | | | | |
|----------|-----------------|--|--------|--------------|-----|--------------------|---|--|
| 1 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. | |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ | |
| | Job Title | | Duties | | | | Reason for leaving | |
| | Supervisor Name | | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. | |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ | |
| | Job Title | | Duties | | | | Reason for leaving | |
| | Supervisor Name | | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. | |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ | |
| | Job Title | | Duties | | | | Reason for leaving | |
| | Supervisor Name | | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. | |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ | |
| | Job Title | | Duties | | | | Reason for leaving | |
| | Supervisor Name | | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

| | |
|---------|--|
| Initial | The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing. |
| Initial | I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. |
| Initial | In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment. |
| Initial | I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test. |
| Initial | I am able to perform the essential functions of the position with or without a reasonable accommodation. |
| Initial | I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States. |
| Initial | I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date. |
| Initial | This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply. |

| | |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.