

EMPLOYMENT

Please give accurate full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address, City , State, Zip, Phone	Employment (State Month and Year) From: To:
	Name of supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address, City , State, Zip, Phone	Employment (State Month and Year) From: To
	Name of supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address, City , State, Zip, Phone	Employment (State Month and Year) From: To
	Name of supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

1. Are you over 18 years of age? **Yes** **No**
2. Have you been convicted of a felony or misdemeanor within the past ten years which resulted in imprisonment? **Yes** **No**
If **Yes** please explain on a separate sheet of paper.
3. I understand that criminal history records checks and/or fingerprinting are required by this agency.
4. I understand that any fees associated with criminal history records checks shall be paid by me.

The information regarding a conviction will not necessarily disqualify you from becoming an employee.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that this application is not intended to be a contract of employment.

Signature of Applicant

Date

COA-OC IS COMMITTED TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION IN THE HIRING OF ALL PERSONNEL

Mail or Fax Application to:

Council on Aging, Orange County
1971 East Fourth Street, Suite 200
Santa Ana, CA 92705
(714)479-0107 Fax: (714)479-0234