



**Noble County Council on Aging & Noble Transit**

**561 S. Main St.**

**Kendallville, IN. 46755**

**260-347-4226**

**Application for Employment  
(An Equal Opportunity Employer)**

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last                                    First                                    Middle

Present Address: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip

Phone Number: \_\_\_\_\_ Are you 21 years or older? Yes\_\_\_\_\_ No\_\_\_\_\_

**\*\*\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. \*\*\***

**Employment Desired:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**General:**

<u>Education</u>	<u>Name &amp; Location of School Attended</u>	<u>Did you Graduate?</u>
<u>High School</u>		
<u>College or Trade School</u>		

Certificates or Licenses: \_\_\_\_\_

Do you speak other languages? Yes\_\_\_\_\_ No\_\_\_\_\_ Which Language? \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what crime? Date Occurred: \_\_\_\_\_

**\*The Age Discrimination in Employment Act of 1967 also states you will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.\***

Military: Did you serve in the U.S. Armed Forces? Yes\_\_\_\_\_ No\_\_\_\_\_

**Former Employers: (List last five years of employment with the most recent one listed first)**

<u>Date Month &amp; Year</u>	<u>Name &amp; Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				
<u>From</u> <u>To</u>				

**References: List two persons Not Related to You. Whom you have known at least one year.**

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Acquainted</u>

**Physical Record:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? If so, what can be done to accommodate your limitations?

\_\_\_\_\_

Please Describe: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Name	Address	Phone #
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*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

*I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_