



# UNION-SNYDER AGENCY ON AGING, INC.

116 N. 2<sup>nd</sup> Street, Lewisburg, PA 17837

An Equal Opportunity Employer

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## Employment Application

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**Please Print**

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

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

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Permanent Address if different from present address:

\_\_\_\_\_ No. Street City State Zip

### Employment Desired

Position applying for: \_\_\_\_\_ What date are you available to start?: \_\_\_\_\_

Will you accept:  Full Time  Part Time  Temporary  On-call

How did you find out about this position?  Indeed  CareerLink  Employee  Friend  Other

(Please specify): \_\_\_\_\_

### Personal Information

Have you ever applied to/worked for Union-Snyder Agency on Aging, Inc. before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for U/S Agency on Aging, Inc.?  Yes  No

If yes, state name(s) and relationship: \_\_\_\_\_

Why are you applying for work at U/S Agency on Aging, Inc.? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No  
(If under 18, hire is subject to verification that you are of minimum legal age.)

Do you have a valid Pennsylvania driver's license?  Yes  No  
(A current motor vehicle report may be required if driving is necessary for the position for which you are applying.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

If no, please explain why: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed \_\_\_\_\_

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

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### **Education, Training, and Experience**

#### 1) High School

Name + Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?:  Yes  No

Degree or Diploma: \_\_\_\_\_

#### 2) College/University

Name + Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?:  Yes  No

Degree or Diploma: \_\_\_\_\_

#### 3) Vocational/Business

Name + Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?:  Yes  No

Degree or Diploma: \_\_\_\_\_

List any licenses or certificates you have which may help to qualify you for the position for which you are applying. (Include software certificates, professional registration, etc. if applicable)

	Title	State	Number	Date Issued	Date Expires
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Some of our clients do not speak English. Are you fluent in any other language?  Yes  No

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

### Employment History

List all employment for the past 10 years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

**1) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No If not, please explain: \_\_\_\_\_

**2) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No If not, please explain: \_\_\_\_\_

**3) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No If not, please explain: \_\_\_\_\_

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of Yrs. Acquainted: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of Yrs. Acquainted: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_ Number of Yrs. Acquainted: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph, and Sign Below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* A Request for Criminal Record Check and/or Child Abuse Check will be completed on all new employees.\*\***

