



NASSAU COUNTY

# Council on Aging

SENIORS LIVING HAPPY, HEALTHY LIVES.

## Employment Application Form

PLEASE COMPLETE PAGES 1-3.

DATE \_\_\_\_\_

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

Present address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Are you under age 18? \_\_\_YES \_\_\_NO If "YES", can you provide proof of your eligibility to work? \_\_\_YES \_\_\_NO

Are you currently authorized to work in the United States? \_\_\_YES \_\_\_NO. Proof of eligibility will be required if hired.

Position applied for: \_\_\_\_\_ Days/hours available to work  
No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

Desired wage: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired:  FULL-TIME ONLY  PART-TIME ONLY  TEMPORARY/CONTRACT  NO PREFERENCE

When are you available to start work? \_\_\_\_\_

Are you able to travel if job requires it? \_\_\_YES \_\_\_NO

Do you have a current Certified Nursing Assistant license? \_\_\_YES \_\_\_NO

Date license expires(if applicable) \_\_\_\_\_ 20\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?  No  Yes (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER in the ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

**Work Experience** Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your Last Job Title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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I hereby authorize the Nassau County Council on Aging, Inc. to obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the Nassau County Council on Aging, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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**Applicant Signature**

**Print**

**Date**

After completing the application, please send it via email to Don Harley, HR Director, donharley@nassaucountycoa.org, or mail it to 1901 Island Walk Way, Fernandina Beach, FL 32034. Thank you!

**08/2022**