



SENIOR SERVICES, INC., APPLICATION FOR EMPLOYMENT

Position(s): _____ Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone # (Eve) _____ (Daytime) _____

Drivers License # _____ Have you ever been convicted of a felony? Yes No

If Yes, Explain: _____

EDUCATION:

	Name and Location	# of yrs Attended	Date Graduated	Certificate Or Degree
High School				
College				
Other Education				

EMPLOYMENT HISTORY: Please begin with your most recent job completing blanks. "See Resume "is not acceptable

Employer – Name and Address	Mo/Yr Began	Mo/Yr Ended	Name of Supervisor	Reason for Leaving
1.				
			Ph #:	
Duties:				
2.				
			Ph #:	
Duties:				
3.				
			Ph #	
Duties:				
4.				
Duties:				

Please specify by number any of the above employers, which cannot be contacted for a reference _____

Have you previously applied for a position with Senior Services? Yes No

Have you previously been employed by Senior Services? Yes No

Have you ever been fired? Yes No If Yes, please explain _____

REFERENCES: Please list three references not included in Employment History

Name	Address	Phone #	# years Known
		(H)	
		(W)	
		(H)	
		(W)	
		(H)	
		(W)	

Please read the following statements and sign below:

1. Senior Services, Inc., is an Equal Opportunity Employer who does not discriminate in any term or condition of employment on the basis of race, color, age, sex, sexual orientation, gender identity, national origin, religion, disability, veteran status or any other protected category.
2. Senior Services, Inc. maintains a drug free work place policy. The possession, use, transfer, manufacture or sale of alcohol, illegal drugs, or legal drugs without a valid prescription on agency property or agency time is prohibited. Violation of this policy will result in appropriate disciplinary action, up to and including termination. Employment with Senior Services, Inc., is contingent upon the successful completion of a drug screening test to be administered after an employment offer has been made. Successful completion of the test means that the person tested negative for illegal drugs or substance abuse.
3. Senior Services, Inc., is an At-Will Employer: realizing, if you are hired, the regulations and procedures of Senior Services, Inc., do not constitute a contract of employment. Compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the employer, Senior Services, Inc., or the employee.

I have read and understand the above statements and certify the information provided in this application is true to the best of my knowledge. I authorize investigation of all provided information.

Signature of Applicant

Date

Dept. Tracking

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APPLICANT INVITATION TO SELF-IDENTIFY

Senior Services, Inc. is an Equal Employment Opportunity/Affirmative Action Employer. We consider all applicants for positions without regard to their race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including Executive Order 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. We therefore invite you to complete this applicant data survey. Your cooperation is appreciated.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. ***This information will be maintained separately from your application for employment.***

Name: _____ Date _____

Position Applied for: _____

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to identify		
Hispanic or Latino or identify a race listed below <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to identify		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian/Alaska Native (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian /Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Do not wish to identify </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Protected Veteran <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Do not wish to identify </td> </tr> </table> <p style="text-align: right; font-style: italic;">See the back of this page for descriptions of Ethnicity/Race Categories and Protected Veteran Category.</p>	<input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian/Alaska Native (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian /Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Do not wish to identify	<input type="checkbox"/> Protected Veteran <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Do not wish to identify
<input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian/Alaska Native (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian /Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Do not wish to identify	<input type="checkbox"/> Protected Veteran <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Do not wish to identify	

For Office Use Only: Job Group: _____ Location: _____
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DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



FOR HOME CARE CNA'S ONLY:

Pursuant to N.C. General Statute 114-19.3, **Criminal History Record information is required for your employment.** A recent Criminal Record (no older than 30 days) which can be obtained from the Hall of Justice, will be requested by Home Care when needed. **YOU DO NOT NEED TO SUBMIT THIS WITH YOUR APPLICATION.**

Employment with Senior Services, Inc. is contingent upon the successful completion of a **drug screening test** to be administered after an offer of employment is made.

* I understand that a Criminal Record Check is part of the employment process at Senior Services, Inc. Employment is conditional upon local/SBI findings.

- I have been a resident of NC for less than five years.
- I have been a resident of NC for more than five years.

Signed

Date

Witness

** NC law imposes a Class A1 **misdemeanor** criminal penalty for applicants who willfully provide false information on an employment application that is the basis for a criminal history record check.*