



BLAIR SENIOR SERVICES

AREA AGENCY ON AGING

Blair Senior Services, Inc. provides equal employment opportunity for all persons regardless of race, color, religion, sex, age, national origin or disability. Further, it is the intent and practice of the Agency to comply with all federal, state and local laws and regulations that govern these matters.

This practice is a legal, social, and economic necessity for the Agency and a fundamental policy. Furthermore, this policy will affect all employment practices including recruiting, hiring, promoting, training, benefits, compensation, transfers and terminations.

Because of the basic nature of the Agency, particular attention will be given to older persons and all other legally protected groups under this policy.

VOLUNTARY SURVEY

The purpose of the following survey is to comply with government reporting and other legal requirements. Government Agencies at times require periodic reports on the following information. Although the following information is not mandatory, it is requested to assist Blair Senior Services, Inc. in its commitment to Equal Employment Opportunity and Affirmative Action. If you choose to volunteer the requested information, be assured that all surveys are kept in a Confidential File and are not part of your Application for Employment or Personnel File. Please note: your cooperation is voluntary. Inclusion or exclusion of any voluntary data will have no affect on your application for employment.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Job Title: _____

Gender: _____ Male _____ Female

Please check one of the following Ethnic Origins:

_____ White _____ Hispanic _____ American Indian/Alaskan Native
_____ African American _____ Asian/Pacific Islander _____ Other

Are you a Veteran: _____ Yes _____ No

*Please print all information
except where noted.*

Blair Senior Services, Inc.
Application for Employment

Position Applied For: _____

PERSONAL HISTORY

Name: _____
Last First Middle

Address: _____
City State Zip

Telephone Number (Home): _____ (Cell): _____

Are you currently licensed to operate a motor vehicle in Pennsylvania? _____

EDUCATION HISTORY

Type of School	Name of School	Years Completed	Field/Course of Study	Graduate or Degree
High School/GED				
College				
Business/Technical				
Other				

Other educational experiences or degrees which may be relevant to the positions for which you are applying?

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent job held.

Name of Employer	Job Title	Employment Dates	Pay / Salary
Address City, State & Zip Phone Number		From:	Start:
		To:	Final:
	Name of Supervisor:		
Reason For Leaving:			
List the duties performed, skills used or learned, advancements or promotions while you worked at this employer.			

Name of Employer	Job Title	Employment Dates	Pay / Salary
Address City, State & Zip Phone Number		From:	Start:
		To:	Final:
	Name of Supervisor:		
Reason For Leaving:			
List the duties performed, skills used or learned, advancements or promotions while you worked at this employer.			

Name of Employer	Job Title	Employment Dates	Pay / Salary
Address City, State & Zip Phone Number		From:	Start:
		To:	Final:
	Name of Supervisor:		
Reason For Leaving:			
List the duties performed, skills used or learned, advancements or promotions while you worked at this employer.			

Name of Employer	Job Title	Employment Dates	Pay / Salary
Address City, State & Zip Phone Number		From:	Start:
		To:	Final:
	Name of Supervisor:		
Reason For Leaving:			
List the duties performed, skills used or learned, advancements or promotions while you worked at this employer.			

Other information/skills that you feel are relevant to or qualify you for the position for which you are applying:

REFERENCES

Please provide **three current or former work-related references** who are **not friends or relatives**.

Name: _____

Address: _____

Telephone Number: _____

How do you know this person? _____

Name: _____

Address: _____

Telephone Number: _____

How do you know this person? _____

Name: _____

Address: _____

Telephone Number: _____

How do you know this person? _____

AGREEMENT

Please read carefully before signing

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that Blair Senior Services, Inc. will make a thorough investigation of my entire employment experiences, education and all other aspects of my background relevant to my proposed employment and may verify all data in this application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Blair Senior Services, Inc. I release Blair Senior Services, Inc., its employees and any person involved in the sharing of such information from liability arising from such investigation. I understand that the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or if hired, may subject me to immediate dismissal.

I understand that when Blair Senior Services, Inc. is in receipt of information which is part of an applicant's criminal history record, Blair Senior Services, Inc. may use that information for the purpose of deciding whether or not to hire the applicant. Felony and misdemeanor convictions shall be considered by Blair Senior Services, Inc. only to the extent to which they relate to the applicant's suitability for employment in the position for which he or she has applied. I understand that Blair Senior Services, Inc. will notify applicants in writing if the decision not to hire the applicant was based in whole or in part on criminal history record information.

Subsequent to an offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job position. I understand that the offer of employment may be conditioned upon my ability to perform the essential functions of the job with or without reasonable accommodation from Blair Senior Services, Inc.

Although the Agency makes every effort to accommodate individual preferences, at times Agency needs may make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I understand that this is an application for employment and that no employment contract is being offered. I understand that if I accept employment with Blair Senior Services, Inc. it will be on an at-will basis. This means that either Blair Senior Services, Inc. or I have the right to terminate the employment relationship at any time without liability for wages or salary except such as may have been earned at the date of such termination. I also understand that Blair Senior Services, Inc. may change wages, salaries and/or benefits at any time.

The following positions require heavy lifting:

All Food Service positions (including Meal Delivery Drivers)
All Home Delivered Meals positions
IT Systems Administrator
Maintenance

Mechanic
Senior Center Coordinator
Vehicle Operator

I understand that heavy lifting is an essential function of the position for which I am applying.

I have read and understand the Agreement terms.

Signature of Applicant: _____

Date: _____