

## Lake County Council on Aging Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

***Please Print***

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Street Address	City	State      Zip Code
Telephone Number(s) where we can contact you: Home: (      )      Work: (      )		

Are you available to work: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Desired Rate of Pay? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?      Yes      No

Have you ever submitted an application to this agency before?      Yes      No

If yes, please give date: \_\_\_\_\_

Have you ever been employed by this agency before?      Yes      No

If yes, please give date: \_\_\_\_\_

Are you currently employed?      Yes      No

May we contact your present employer for references?      Yes      No

Are you legally qualified to work in the United States?      Yes      No

*(Proof of citizenship or immigration status will be required upon employment.)*

Have you ever been convicted of a crime?      Yes      No

If Yes, please describe in full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

Summarize special skills and training not listed above:

Describe honors received:

List professional, trade, business, or civil activities and offices held.

You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:

## REFERENCES - Professional Only

Name, address, and telephone number of three professional references who are not related to you.

1.

2.

3.

## EMPLOYMENT EXPERIENCE

Start with your present or most recent position.

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences:

Are you able to perform the essential requirements of the job as described in the job description you have been given?      Yes      No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

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State any additional information you feel may be helpful to us in considering your application:

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTICE REGARDING BACKGROUND INVESTIGATION  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING  
ACKNOWLEDGMENT]**

The Lake County Council on Aging (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Name: \_\_\_\_\_  
Please Print

Social Security Number \_\_\_\_\_ DOB\*\* \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ / State \_\_\_\_\_ / Zip \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

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

\*\*Date of Birth is being requested in order to obtain accurate retrieval of records.

**NOTICE REGARDING BACKGROUND INVESTIGATION**  
**PURSUANT TO CALIFORNIA LAW**

Employer (the “Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204. The source of any credit report will be [add name of credit bureau].

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.