



Employment Application

Mailing Address:

Senior Resources of Guilford
 Personnel
 PO Box 21993
 Greensboro, NC 27420
Telephone: 336-373-4816

Office:

Dorothy Bardolph Center
 301 East Washington Street
 Suite 110
 Greensboro, NC 27401
email: info@senior-resources-guilford.org

Senior Resources of Guilford is an equal opportunity employer. It is the policy of Senior Resources of Guilford to afford equal employment opportunity to all qualified applicants without regard to race, color, creed, national origin, age, sex, religion, or handicap, and to conform to applicable employment laws and regulations.

Our agency is committed to providing a safe workplace. Consistent with this commitment, we maintain a comprehensive policy with respect to alcohol and drug use. The agency is a drug-free facility. We believe that our substance abuse policy will enable us to maintain a working environment free from the detrimental effects of alcohol and drug abuse. The agency reserves the right to periodically test all employees for alcohol or other substances.

General Instructions

1. Please carefully read job announcement for desired position.
2. All requested information must be provided accurately and completely. Type or print legibly in blue or black ink. **Remember to sign and date the application.** Failure to do so may disqualify you from employment.
3. Notify Senior Resources of Guilford if you require any necessary accommodations to participate in the employment process using the telephone numbers noted above.
4. Return application via mail to Senior Resources of Guilford, Personnel, PO Box 21993, Greensboro, NC 27420, or in person at our office.

Contact Information

Position Applied For:												
Social Security Number:												
Last Name:						First Name:				Middle Initial:		
Address:												
City:						State:				Zip Code:		
Home Phone: - - -												
Work Phone: - - -						Extension:						
Cell Phone: - - -						Email Address:						

SSN: _____ - _____ - _____.

Education and Training

Do you have a high school diploma, GED or equivalent: Yes No

List colleges, universities, military, trade, business or other schools attended

Name of School	Location of School	Courses of Study (Major)	Credits Completed		Specify Degree or Certificate Earned
			Semester hours	Quarter hours	

List driver's license or certificates required for this position

Title of License or Certificate	Number	Issuing Agency	Date Issued/Date of Expiration
			/
			/
			/

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain:

Are you authorized to work in the United States? Yes No

Senior Resources of Guilford Employment History

Are you currently, or have you ever been, employed by Senior Resources of Guilford? Yes No

(Senior Resources of Guilford was previously known as United Services for Older Adults)

If so, list all periods of employment: From: _____ To: _____
 Month Year Month Year

Employment History

Instructions: Beginning with your present or most recent job, describe your work experience (paid or volunteer) in chronological order. The information provided on this application form (and any additional employment history, which may be attached) will be used to determine if you meet the minimum qualifications for the position. Information must be accurate and complete. Please indicate whether the position was paid or volunteer.

Job Title:		Employer:	
Supervisor:		Employer Address:	
Telephone: - - -		City/State:	
From: Month	Year	To: Month	Year
Average number of hours worked per week:		Starting Salary:	
Duties and Responsibilities:			
Reason for Leaving:			

SS#: _____ - _____ - _____.

Job Title:				Employer:			
Supervisor:				Employer Address:			
Telephone: - - -				City/State:			
From: Month	Year	To: Month	Year	Starting Salary:			
Average number of hours worked per week:							
Duties and Responsibilities:							
Reason for Leaving:							

Job Title:				Employer:			
Supervisor:				Employer Address:			
Telephone: - - -				City/State:			
From: Month	Year	To: Month	Year	Starting Salary:			
Average number of hours worked per week:							
Duties and Responsibilities:							
Reason for Leaving:							

Job Title:				Employer:			
Supervisor:				Employer Address:			
Telephone: - - -				City/State:			
From: Month	Year	To: Month	Year	Starting Salary:			
Average number of hours worked per week:							
Duties and Responsibilities:							
Reason for Leaving:							

Release of Information

Read carefully before signing:

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools, legal authorities and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release all providers and their company from all liability for divulging same. I understand that all statements made are open to investigation by the employer, and that if any information given by me in this application is found to be false or misleading, I will be subject to immediate dismissal at any time during the period of my employment, and I agree to hold the employer and person named herein blameless in that event.

If employment is obtained under this application, I agree to comply with all rules and regulations of the agency. I agree to be responsible for agency property and equipment issued to me by the agency until returned by me, and to pay for property and equipment not returned.

I understand and agree that my employment is "at will", for no definite period of time and may regardless of the date of payment on any salary or wage, be terminated at any time for any reason, and that no representative of the employer has any authority to make any contrary agreement.

Signature: _____

Date: _____