



**MILESTONES AREA AGENCY ON AGING
APPLICATION FOR EMPLOYMENT**

Milestones Area Agency on Aging is an Equal Opportunity Employer. Our personnel policies are aimed at assuring equal treatment to all individuals in regard to employment, rates of pay, and all other conditions regardless of race, creed, color, religion, sex, age, national origin, disability, military and veteran status, sexual orientation, marital status, genetic information or any other characteristics protected by law.

JOB APPLIED FOR _____

NAME _____
LAST FIRST MIDDLE

Please list any other names you have used including maiden _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP PHONE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP PHONE

U.S. CITIZEN YES _____ NO _____

EDUCATION HISTORY –Include high school, undergraduate, and postgraduate institutions of higher education and business or correspondence schools.

NAME AND LOCATION OF SCHOOL	DEGREE AND MAJOR/MINOR

PROFESSIONAL AFFILIATIONS- SPECIAL ACTIVITIES:

Do you have a record of founded child or dependent adult abuse? YES _____ NO _____

If yes, please explain: _____

Note: I realize that, if offered a position with Milestones, a criminal history, motor vehicle, and dependent adult abuse record check will be conducted.

SIGNATURE _____ DATE _____

(*motor vehicle record check criteria: no more than 2 moving violations in the last 2 years, no suspensions in the last 3 years, no major violations in the last 5 years)

WORK EXPERIENCE (Include Military) Most recent first

Name and Address of Employer	From MM/YY	To MM/YY	Last Salary	Last position and duties performed	Reference name and phone	Reason for leaving

May we contact your present employer concerning this job? YES _____ NO _____

WORK RELATED REFERENCES

NAME AND TITLE	ADDRESS AND PHONE

Qualifications or reasons why I would like to work at Milestones Area Agency on Aging

Milestones Area Agency on Aging to investigate all statements contained in this application with no liability or responsibility arising to any persons, companies, or such corporations supplying information. All of my answers on this application for employment are correct to the best of my knowledge. I understand that any false statements will be sufficient reason for my dismissal.

SIGNATURE _____ DATE _____

All applications will be kept on file for 6 months after receipt.