



# North Ottawa County Council on Aging

422 Fulton  
Grand Haven, Michigan 49417

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*Please provide resume if available*

## **Application for Employment**

Application received on: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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### **Employment Desired:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this agency before? \_\_\_\_\_ If so, when? \_\_\_\_\_

### **Please list your employers starting with the most recent:**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position held: \_\_\_\_\_ Date of employment: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position held: \_\_\_\_\_ Date of employment: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position held: \_\_\_\_\_ Date of employment: \_\_\_\_\_

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**EDUCATION**

School/ College/ University: \_\_\_\_\_

Location: \_\_\_\_\_ Diploma/Degree? \_\_\_\_\_  
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School/ College/ University: \_\_\_\_\_

Location: \_\_\_\_\_ Diploma/Degree? \_\_\_\_\_  
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Please list any special training, titles and or certificates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list three personal references (non-related) who can speak in regards to your qualifications.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Years acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Years acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Years acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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**North Ottawa County Council on Aging: Application and Background Check Information.**

I certify that the facts in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application may be grounds for termination of employment through NOCCOA.

I authorize the investigation of all statements contained herein and the references listed to give any and all information concerning my previous employment or experience.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All activities of NOCCOA are administered without regard to Race, Color, National Origin, Sex, Disability, Age, Political Beliefs, or Religion in accordance with Federal/State laws and regulations pertaining thereto.