

# Application for Employment

## Putnam County Council on Aging, Inc.

All positions are open to all without regard to race, color, sex, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. The Putnam County Council on Aging, Inc. is an Equal Opportunity Employer and Service Provider.

**Please return completed application to:**  
**Putnam County Council on Aging, 1425 E. Fourth Street, Ottawa, OH 45875**

Date of Application: \_\_\_\_\_ Position Sought: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment History (please list most recent employment first):**

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Education:**

School	Name of School	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Post Graduate / Professional				
Other (Continuing Education Courses or Certifications,				
Skilled Trades or Vocational Training				

**Please list the skills you have that qualify you for this position:**

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**Please list your community involvement / volunteer work:**

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**Please provide 3 professional / job-related references:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**In an emergency, please contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

If selected, what date can you begin work here? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_