



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual orientation, gender expression, age, marital or veteran status, or any other legally protected status.

This application will be given every consideration; its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

(Please Print)

PERSONAL

Last Name		First	Middle	
Street Address		P. O. Box/Apartment Number		Home # ()
City		State	Zip	Cell # ()
Are you age 18 or over?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business # ()
After employment, can you submit proof of your U. S. citizenship or immigration status?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to submit to drug testing at the direction of Iona?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DESIRED

Position(s) applying for:		Date of Application:	
How did you learn about Iona?		<input type="checkbox"/> Advertisement/Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Friend <input type="checkbox"/> Walk-in		<input type="checkbox"/> Other:	
Type of Status Preferred:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Salary Expectations: \$	per	<input type="checkbox"/> hour	<input type="checkbox"/> year
Date Available for Employment:		Hours Preferred:	
Have you ever applied for employment with us?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, give date:
Are you willing to work:		<input type="checkbox"/> Holidays	<input type="checkbox"/> Overtime <input type="checkbox"/> Other:

EDUCATION and TRAINING

School	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
High School			<hr/> Did you graduate? Yes No	
College			<hr/> Did you graduate? Yes No	
Graduate			<hr/> Did you graduate? Yes No	
Business/ Trade/ Technical			<hr/> Did you graduate? Yes No	

Computer Software: (Please list computer software with which you are familiar)

Office Equipment (Please list the office equipment with which you are familiar)

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If Yes, what branch?

Discharged? Yes No If Yes, Honorable Dishonorable

Describe any military training received relevant to the position to which you are applying.

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

1. Employer:	Telephone number:
Address:	Employed from (month) (year)
Job Title:	To (month) (year)
Immediate Supervisor:	Duties performed:
May we contact this employer?	Reason for leaving:
2. Employer:	Telephone number:
Address:	Employed from (month) (year)
Job Title:	To (month) (year)
Immediate Supervisor:	Duties performed:
May we contact this employer?	Reason for leaving:
3. Employer:	Telephone number:
Address:	Employed from (month) (year)
Job Title:	To (month) (year)
Immediate Supervisor:	Duties performed:
May we contact this employer?	Reason for leaving:

If you need additional space, please continue on a separate sheet of paper.

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s):			
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fired, or asked to resign, from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Are you related to any current employee, volunteer, or board member at Iona? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

Give three references listing name, address, phone number, and occupation. Do *not* list relatives or former employers.

Name	Address/Email	Telephone	Occupation
		() -	
		() -	
		() -	

AFFIDAVIT

- I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form, any inserts/attachments or during any interviews may be grounds for immediate dismissal.
- I hereby authorize Iona to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.
- I agree that, if I am employed, I will abide by all the rules and regulations of Iona. I will also adhere to the CORE VALUES of Iona.
- I understand this application shall be considered active for a period of time not to exceed ninety (90) days. If I wish to be considered for employment beyond this time period, I should inquire whether applications are being accepted at that time.

Signature _____ Date _____ / _____ / _____

OFFICE USE ONLY

Interviewed by: _____	Date: _____
_____	Date: _____
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: _____ Hourly Rate/Salary: _____
Supervisor: _____	Work Schedule: _____
Notes: _____	

IONA Senior Services

EQUAL EMPLOYMENT OPPORTUNITY DATA QUESTIONNAIRE

It is the policy of Iona to provide equal employment opportunity to all persons regardless of their race, sex, color, national origin, religion age or physical or mental handicap.

We are an affirmative action employer with goals which include providing employment opportunities to minorities, women, disabled veterans and/or veterans of the Vietnam era.

Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements. This questionnaire is kept in a confidential file and is NOT part of your application for employment.

YOUR COOPERATION IS VOLUNTARY.

Name:

Check one of the following:

- American Indian*
- Asian*
- Native Hawaiian or Other Pacific Islander*
- African American
- White Hispanic
- White Non-Hispanic
- Other Race

Check if any of the following are applicable:

- Disabled Veteran
- Vietnam Era Veteran