

# JOB APPLICATION

Avoyelles Council on Aging  
224 S Preston St, Marksville, Louisiana 71351  
318-253-9771

Avoyelles Council On Aging is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

## Applicant Information

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

## Employment Position

Position(s) applying for:

How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary desired: \_\_\_\_\_

## Personal Information

Do you have any friends, relatives, or acquaintances working for Avoyelles Council on Aging? Yes No  
If yes, state name & relationship: \_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States? Yes No  
What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and the Avoyelles Council on Aging is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Avoyelles Council on Aging. No representative of Avoyelles Council on Aging has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_