

Application for Senior Employment

MAIL this application to Capital Area Agency on Aging, 2051 Silverside Drive, Suite 208 Baton Rouge, LA 70808 or fax to 225-928-8780

We consider applicants for participation without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status. Government agencies at times require periodic reports on sex, ethnicity, disability, veteran, and other protected classes. It is for this reason that we make such request. Auxiliary aids and services available upon request to individuals with disabilities. Equal opportunity agency/employer.

PLEASE PRINT							Date of Application:						
First Name				Middle Initial		Last Name			Date of Birth		Age		
Mailing Address				City			State		Zip Code		Parish		
Primary Phone #				Email Address					Social Security #				
Displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No				Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			Limited English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your highest level of education? <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Vocational/Tech school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree						What is your race? Check all that apply to you <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Other Pacific Islander							
						What is your ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Spanish origin							
						Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Never been employed							
						At risk for homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> NO							
Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No						What type of work are you looking to perform?							
Are you a veteran or a spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No						List work skills including hobbies and tools, office machines you can operate:							
If veteran, did you serve after 09/11/01? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Do you have daily, reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Employment Experience: Begin with your present or last employer. Include military service and volunteer activities.													
Employer				Job Title			Dates Employed			Reason for Leaving			
Address				Phone #			Supervisor			Hourly Rate/Salary			
Work Performed													
Employer				Job Title			Dates Employed			Reason for Leaving			
Address				Phone #			Supervisor			Hourly Rate/Salary			
Work Performed													
Who should we call in case of an emergency? Name:				Phone:			Relationship to you:						
The following information is requested to determine your eligibility for certain services that are targeted to lower income individuals. If this information is not readily available, please provide your best estimate.													
Do you receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Welfare <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Other _____													
How many people, including yourself, live in your home? _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce <input type="checkbox"/> Separated													
Name of Household Member		Age		Relation		Soc. Sec #		Source of Income		Gross Income last month*		Gross Income past 6 months*	
				SELF									
I agree that the entire contents of this application are true to the best of my knowledge and you have my permission to contact my former employers and references.													
Signature _____						Date _____							