

Carroll County Council On Aging, Inc.

SENIOR CITIZENS FRIENDSHIP CENTER
100 KENSINGTON ROAD, NE
P.O. BOX 14
CARROLLTON, OHIO 44615
TELEPHONE: 330/627-7017 or 330/627-7205
FAX: 330/627-7936

NOTICE

**Carroll County Council on Aging are accepting applications &
résumés for the position of
Director (Fulltime)
Through October 13, 2017 at 3:00 p.m.**

Job Description:

Monday - Friday, fulltime with benefits, extra hours required at times

Full responsibility for center operations including all aspects of managing employees, budgeting, and coordinating programs and activities

Requirements:

- leadership ability and team leader
- strong communication and decision making skills
- experience with budgets and funding proposals
- computer literate
- event planning and public speaking ability
- experience in employee supervision and discipline
- degree or commensurate experience

If you have questions about the position call (330)627-7017 and ask for Sue!

CARROLL COUNTY APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the supervisor of the department at which you are applying. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION			
Position Applied For		Date of Application	
How did you hear about the position?		Date available for work	
What is your desired salary range or rate of pay?			
Type of employment desired	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>

APPLICANT INFORMATION								
Last Name		First		M.I.				
Street Address					Apartment/Unit #			
City			State			ZIP		
Phone			E-mail					
Best time to contact you?								
Have you ever submitted an application to Carroll County?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been employed by Carroll County?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Are you legally eligible for employment in the United States?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you are under 18, can you furnish a work permit?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State/Number:				
Are you able to meet all of the attendance requirements of this position?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you able to work overtime if necessary?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Will you travel if the position requires it?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have any friends or relatives currently employed by Carroll County?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?			

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Company				Phone			
Address				Supervisor			
Job Title			Ending Salary	\$	May we contact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities							
From		To		Reason for Leaving			
Company				Phone			
Address				Supervisor			
Job Title			Ending Salary	\$	May we contact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities							
From		To		Reason for Leaving			
Company				Phone			
Address				Supervisor			
Job Title			Ending Salary	\$	May we contact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities							
From		To		Reason for Leaving			
Please explain any gaps in employment							
Have you ever been fired or asked to resign from a job?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain on separate sheet	

PROFESSIONAL OR TRADE ORGANIZATIONS

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization				Office(s) Held			
Organization				Office(s) Held			

REFERENCES

Name			Relationship				
Phone			Email				
Name			Relationship				
Phone			Email				
Name			Relationship				
Phone			Email				

DISCLAIMER AND SIGNATURE

I certify that all information I have provided in order to apply for and obtain employment with Carroll County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Carroll County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Carroll County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Carroll County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Carroll County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Carroll County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Carroll County is of an “*at will*” nature, which means that I am free to resign at any time and Carroll County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Carroll County at any time. I understand that no representative of Carroll County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature		Date	
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