



# APPLICATION FOR EMPLOYMENT

## POSITION: Executive Director, TRAIL of Johnson County

Please complete the following application and return to TRAIL of Johnson County, 28 S. Linn St., Room 301, Iowa City, IA 52240, or email to [jobs@trailofjohnsoncounty.org](mailto:jobs@trailofjohnsoncounty.org). All questions on pages 1 and 3 must be answered; in lieu of filling out page 2 you may attach your current resume, assuming it contains a five-year employment history.

<b>PERSONAL INFORMATION</b>			
Name: _____	_____	_____	_____
(Last)	(First)	(Middle)	Social Security Number
Address _____			
Telephone: ( ) _____ ( ) _____ Email: _____			
(Home)	(Cell)		

<b>EDUCATION</b>					
NAME OF SCHOOL AND ADDRESS	NUMBER OF COLLEGE CREDITS/UNITS	GRADUATED YES      NO		DEGREE	MAJOR
High School					
Junior/Community College or Trade School					
College					
College					
College					
Seminars or Special Training or Certificate					
Other					

**EMPLOYMENT HISTORY AND INFORMATION**

LIST FORMER EMPLOYERS AND POSITIONS HELD WITHIN THE LAST 5 YEARS.

List most recent employer first and account for any gaps in employment; or you may attach your current resume.

May we contact your current employer?  Yes  No If no, please explain: \_\_\_\_\_

<b>1. Company Name:</b>		Length of Employment	
Address:		From	To
Telephone:		Supervisor:	
Your Job Title:			
Specific Duties:			
Reason for leaving:			
<b>2. Company Name:</b>		Length of Employment	
Address:		From	To
Telephone:		Supervisor:	
Your Job Title:			
Specific Duties:			
Reason for leaving:			
<b>3. Company Name:</b>		Length of Employment	
Address:		From	To
Telephone:		Supervisor:	
Your Job Title:			
Specific Duties:			
Reason for leaving:			
<b>4. Company Name:</b>		Length of Employment	
Address:		From	To
Telephone:		Supervisor:	
Your Job Title:			
Specific Duties:			
Reason for leaving:			

What is your desired salary? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

If referred by a TRAIL member or volunteer, please provide name: \_\_\_\_\_

What interests you about working with older adults? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

List the names/address/phone number of individuals who have firsthand knowledge of your abilities, experience and work habits.

\_\_\_\_\_  
Name Email Address Cell or Home Phone  
Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
Name Email Address Cell or Home Phone  
Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
Name Email Address Cell or Home Phone  
Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
Name Email Address Cell or Home Phone  
Relationship to Applicant \_\_\_\_\_

I hereby certify that all the information set forth herein is true and correct. I understand that discovery of any false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I acknowledge that if I am hired, my employment may be terminated at any time either by my employer, with or without cause, for any reason or no reason, or by me.

\_\_\_\_\_  
Date Applicant signature