

Northwest Alabama Council of Local Governments

Senior Employment Application

PLEASE FILL OUT EVERY BLANK

TURN INTO

Amber Campbell- P.O. BOX 2603 MUSCLE SHOALS, AL 35661

Name _____ Date _____

Address _____ City _____ State _____

Zip Code _____ Phone# _____ Cell# _____

Date of Birth _____ Age _____ Total number in Family _____

Social Security Number _____ County _____

Family monthly income (Total income received before any deductions) _____

Are you receiving Social Security Disability? YES NO

Are any other members in your household receiving Social Security Disability? YES NO

Gender Male Female

Race White Black American Indian Hispanic Native Hawaiian

Are you a Veteran? YES NO

Are you a Spouse of a Veteran? YES NO

WORK EXPERIENCE _____

LIST OF ALL JOBS AND PERSONAL SKILLS, HOBBIES AND TALENTS: _____

Have you ever used a computer? YES NO

Please list how much computer knowledge and/or experience you have _____

Participant's Signature _____

Date _____

OFFICE USE ONLY

Date Received _____

Interviewed YES NO