

EMPLOYER APPLICATION

INFORMATION REQUIRED	PLEASE ENTER INFORMATION HERE
Today's Date:	
Organization Name:	
Address: (street)	
City, State, Zip Code:	
Contact Person:	
Business Phone:	
Cell Phone:	
e-Mail address:	
FEIN#:	
Fax #:	
Is your organization not for profit?	
Please describe your organization:	
What type of help are you looking for? Please type a brief job description.	
Comments:	

Thank you for your interest. Please complete, print and mail application to:

Area Agency on Aging  
Attn: Mature Worker Program  
93 N Main St  
Wilkes Barre PA 18701

Or Fax to (570) 950-9725

