



# ADULT CARE SERVICES Employment Application

Employees of ACS, and applicants for employment, shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliations, national origin, disability, marital status, gender, or age. Confidential assistance in completing this application may be obtained if needed.

Position \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Referral Source (Newspaper, walk-in, employee, other) \_\_\_\_\_

Are you eligible to work in the United States? \_\_\_\_\_

Work schedule interested in:  Days  Evenings  Nights  Weekends

Weekend Nights

Have you ever pleaded guilty or no contest to, or been convicted of a crime?  Yes  No

If yes, explain \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Please provide any additional information to further describe your qualifications:

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## EDUCATION

School Name	No. of Years	Course/Major	Diploma/Degree

# EXPERIENCE

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Dates of employment (start) \_\_\_\_\_ (end) \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Dates of employment (start) \_\_\_\_\_ (end) \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Dates of employment (start) \_\_\_\_\_ (end) \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

# REFERENCES

List three business/work references who are not related to you and three personal references.

Name	Title	Relationship	Telephone	# of Years Known

I certify that all information is true and complete. I authorize the employer to contact and an obtain information for all references, former employers, and educational institutions.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

NSE/EOE