



POSITION APPLYING FOR: _____ **DATE OF APPLICATION:** _____

If no position is listed, the application may not be considered for employment.

PERSONAL				
Last Name		First Name		Mid. Int.
Home Address		Apt. #	City	State Zip Code
(A.C.) Telephone #	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Visa type, number:		Have you ever been employed by ACCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your age: Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No				
List any reason known to you why you might not be able to perform consistently and promptly any of the duties of the position applied for: (Please review job description before answering this question)				
Date Available	Starting Salary Needed		Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	
Will you accept shift work <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept weekend work? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Date(s), offense(s), location, and disposition:				
Referral Source (Please be specific i.e., Job Fair, Career Day, Newspaper, Internet Source, Friend, Relative, Job Service, etc.)			Do you have a friend or relative working here? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Dept.: Relationship:	
Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party payor program or have such pending action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a letter showing reinstatement is required for further consideration for employment.				
EMPLOYMENT HISTORY				
List MOST RECENT position first			List other names used while employed with these employers	
FROM <i>Mo./Yr.</i>	Name of Employer		Name/Title last supervisor	
TO <i>Mo./Yr.</i>	ADDRESS: Street City State Zip		Ending Salary _____ per _____	
Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe the work you performed:				
FROM <i>Mo./Yr.</i>	Name of Employer		Name/Title last supervisor	
TO <i>Mo./Yr.</i>	ADDRESS: Street City State Zip		Ending Salary _____ per _____	
Reason for leaving:				
Briefly describe the work you performed:				
FROM <i>Mo./Yr.</i>	Name of Employer		Name/Title last supervisor	
TO <i>Mo./Yr.</i>	ADDRESS: Street City State Zip		Ending Salary _____ per _____	
Reason for leaving:				
Briefly describe the work you performed:				

EDUCATION							
School	School Name	Location	Years Completed	Dates From/To	Course of Study	Did you Graduate?	Diploma Degree
Elementary				N/A	N/A	N/A	N/A
High School				N/A	N/A		N/A
Trade							
College							
Graduate							
Other							

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS					
<i>Do not include driver's license</i>					
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible

CONDITIONS OF EMPLOYMENT

I UNDERSTAND THAT IF HIRED I:

- Will be required to pass a company-paid substance abuse screening. If my test result is positive, the job offer will be rescinded.
- Will be in a conditional status for three or six months as a new employee. The trial period may be extended up to an additional three months.
- Agree to comply with the Anne Carlsen Center for Children Code of Conduct.
- Agree that ACCC has the authority to deduct the value of any ACCC property or monies owed to ACCC from my paycheck.
- Agree to abide by all ACCC rules and regulation, department and company policies.
- Will comply with Anne Carlsen Center for Children proof of immune status to Rubella, Rubeola and Varicella.
- Will comply with Anne Carlsen Center for Children policy on computer- related software license agreements.
- Will work weekends and holidays when assigned.

APPLICANT'S CERTIFICATION

I certify that all matters contained in this application are true and that if any of the information on this application is false or misleading, or has been omitted, it will be sufficient cause for immediate dismissal in the event I am employed.

I understand that this is an application for employment and that no employment contract is being offered.

I understand that such employment is for an indefinite period of time and that the Anne Carlsen Center for Children can change wages, benefits and conditions of employment at any time.

I hereby authorize Anne Carlsen Center for Children to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance. I may be required to furnish documents to support statements within this application.

I understand that I am required to immediately notify Anne Carlsen Center for Children if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

I have read, understand and agree to the Conditions of Employment and Applicant's Certification

Date: _____ Signature: _____

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants. You will have to provide documents within three (3) days of your hire date to verify your identity and eligibility to work.



AN EQUAL OPPORTUNITY EMPLOYER