



Employment Application

PLEASE PRINT CLEARLY

Position Applying For _____ Date of Application _____

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

PERSONAL

| | | | | | |
|--|---|---|-------|---|----------------|
| Last Name | | First Name | | | Middle Initial |
| Home Address | Apt. # | City | State | Zip Code | |
| Telephone # () | U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, Visa type, number:</i> | Have you ever been employed by ACC? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is your age: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 | |
| Date Available | Starting Salary Requested | Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify</i> | | | |
| 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 | | | |
| Referral Source (Please be specific) | | Do you have a friend or relative working here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list name, department and relationship</i> | | | |
| Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list date(s), location(s) and disposition(s):</i> | | | | | |
| Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party payer program or have such pending action? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a letter showing reinstatement is required for further consideration for employment</i> | | | | | |

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 | | Telephone # | |
| 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 | | Telephone # | |
| 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 | | Telephone # | |
| 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 | | | | | |

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

Do not include driver's license

| Type | State Issued | Date Issued | Expires | Number | Eligible |
|------|--------------|-------------|---------|--------|----------|
| | | | | | |

CONDITIONS OF EMPLOYMENT

I UNDERSTAND THAT IF HIRED I:

1. Will be required to pass a company-paid substance abuse screening. If my test result is positive, the job offer will be rescinded.
2. 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.
3. Agree to comply with the Anne Carlsen Center Code of Conduct.
4. Agree that ACC has the authority to deduct the value of any ACC property or monies owed to ACC from my pay-check.
5. Agree to abide by all ACC rules and regulations, department and company policies.
6. Will comply with the Anne Carlsen Center proof of immune status to Rubella, Rubeola and Varicella.
7. Will comply with the Anne Carlsen Center policy on computer-related software license agreements.
8. 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 that 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 can change wages, benefits and conditions of employment at any time.

I hereby authorize the Anne Carlsen Center 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 the Anne Carlsen Center if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payer 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