

Application for Employment Youth Programs/Child Care Provider



PERSONAL INFORMATION			DATE	/	/
LAST NAME		FIRST		M.I.	
PHONE #'s (HOME)			(WORK)		
STREET ADDRESS			E-MAIL ADDRESS		
CITY		STATE	ZIP CODE		
IF UNDER 18 YEARS, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, DESCRIBE IN FULL					
STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR US:					
POSITION DESIRED			FULL OR PART-TIME		
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE GIVE MONTH AND YEAR		
EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL		YEARS ATTENDED FROM: TO:		DID YOU GRADUATE?
COURSE OF STUDY		DEGREE / DIPLOMA		YEARS COMPLETED	
SCHOOL	NAME AND LOCATION OF SCHOOL		YEARS ATTENDED FROM: TO:		DID YOU GRADUATE?
COURSE OF STUDY		DEGREE / DIPLOMA		YEARS COMPLETED	
SCHOOL	NAME AND LOCATION OF SCHOOL		YEARS ATTENDED FROM: TO:		DID YOU GRADUATE?
COURSE OF STUDY		DEGREE / DIPLOMA		YEARS COMPLETED	
SCHOOL	NAME AND LOCATION OF SCHOOL		YEARS ATTENDED FROM: TO:		DID YOU GRADUATE?
COURSE OF STUDY		DEGREE / DIPLOMA		YEARS COMPLETED	
OTHER SPECIAL TRAINING OR SKILLS					
<p>APPLICATION FOR EQUAL OPPORTUNITY EMPLOYMENT</p> <p>Completed applications remain on file for 60 days after submission. Anyone wishing to be considered after 60 days must re-apply.</p>					

We Change Lives!

Application for Employment Youth Programs/Child Care Provider, cont.

EMPLOYMENT HISTORY			
COMPANY NAME			
ADDRESS			PHONE
JOB TITLE AND DESCRIPTION			
NAME/TITLE OF SUPERVISOR	EMPLOYED (mo/year) FROM:	TO:	SALARY START: LAST:
REASON FOR LEAVING			CAN WE CONTACT EMPLOYER?
COMPANY NAME			
ADDRESS			PHONE
JOB TITLE AND DESCRIPTION			
NAME/TITLE OF SUPERVISOR	EMPLOYED (mo/year) FROM:	TO:	SALARY START: LAST:
REASON FOR LEAVING			CAN WE CONTACT EMPLOYER?
COMPANY NAME			
ADDRESS			PHONE
JOB TITLE AND DESCRIPTION			
NAME/TITLE OF SUPERVISOR	EMPLOYED (mo/year) FROM:	TO:	SALARY START: LAST:
REASON FOR LEAVING			CAN WE CONTACT EMPLOYER?
PERSONAL REFERENCES			
NAME	RELATIONSHIP	CONTACT NUMBER	FOR ACAC USE ONLY
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize ACAC to verify their accuracy and to obtain reference information on my work performance. I hereby release ACAC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will. I further understand that either I or the Employer may terminate my employment at any time with or without notice or cause. I understand that satisfactorily passing a criminal background check is required prior to employment.</p>			
DATE	/	/	SIGNATURE
FOR ACAC USE ONLY:			