

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Have you ever filed an application with us before? YES NO If YES, give date _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been convicted of a misdemeanor? YES NO

If yes, explain: _____

Have you ever had a professional license denied, suspended or revoked, placed on probation or limited in any manner? YES NO

If yes, explain: _____

Education

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Alabama Community Care (ALCC) is an Equal Opportunity Employer. As such the agency pledges to take the necessary action to preclude discrimination in recruitment, training, discipline, and/or termination of employees because of race, color, creed, age, sex, national origin, disability, veteran status or other reasons in accordance with all applicable state and federal statutes, executive orders, and regulations which prohibit discriminatory personnel practices. I understand that ALCC reserves the right to make any scheduling changes at any time to include shift, hours, and duties. I certify that the information given on this application and in any supporting documentation, resume, etc., is true and correct. I understand that any false information given, willful or negligent misrepresentation made; or failure to disclose any requested information during the course of application for employment with ALCC may result in termination.

I hereby authorize ALCC and/or its agents to make an independent investigation of my background, references, character, professional competence, ethics, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I authorize ALCC to perform a blood test and urinalysis, I hereby authorize my prior employers to release any requested information from my personnel files. I release ALCC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that any employment relationship with ALCC is of an "at will" nature, which means that the Employee may resign at any time and ALCC may discharge Employee at any time with or without cause.

Signature: _____ Date: _____

<u>MANAGEMENT USE ONLY</u>			
Interviewed by:	1.	2.	3.
			4.
Date Applicant Report to New Position:	Shift:	Rate:	FLSA Status:
Position Title:	Department:	Signature (Verifying professional license)	