



Your Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL**

NAME / LOCATION OF SCHOOL RECEIVED	<input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
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Your NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

Name of School	Location	Dates of Attendance (month/year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned

Your NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)**

Name of School	Location	Dates of Attendance (month/year)		Credit Hours Earned		Course of Study	Training Completed

Your NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**LICENSE, REGISTRATION OR CERTIFICATION**

Number	Date Received	Expiration Date	State Licensing Agency

## PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. resumes may be attached to provide additional information.

### 1 Name and address of Present or Last Employer:

\_\_\_\_\_

\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_

Duties and Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

\_\_\_\_\_

### 2 Name and address of Present or Last Employer:

\_\_\_\_\_

\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_

Duties and Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

\_\_\_\_\_

### 3 Name and address of Present or Last Employer:

\_\_\_\_\_

\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_

Duties and Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_

\_\_\_\_\_

**4 Name and address of Present or Last Employer:**

\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per weeks: \_\_\_\_\_

Duties and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving:

\_\_\_\_\_  
\_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application. resumes may be attached to provide additional information.

**KNOWLEDGE / SKILLS / ABILITIES**

List the knowledge, skills and/or abilities that you possess and believe relevant to the position you seek.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal Record Information**

Have you been convicted of a felony within the last seven years? Yes  No  Date of conviction: \_\_\_\_\_

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe your criminal conviction(s) including penalties imposed and listing the nature of your offense(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

A/C Care hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, and personnel staff for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_