

# Employment Application

**Personal Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I) \_\_\_\_\_ Email Address \_\_\_\_\_

Residential Address (Street #, City, State, Zip Code) \_\_\_\_\_

Contact Phone Number (\_\_\_\_) \_\_\_\_\_ Are you at least 18 yrs. of age?  Yes  No

After employment, can you provide proof of your right to work in the U.S.?  Yes  No

**Employment Desired**

Position \_\_\_\_\_ Available Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Desired \$ \_\_\_\_\_  Full Time  Part Time

Have you ever worked for the AJCC before?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you voluntarily resign and provide at least 2 weeks notice?  Yes  No If no explain: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No  Later

How were you referred to the AJCC? \_\_\_\_\_

**Employment History – List employers starting with your most current. This information must be completed even if a resume is attached.**

Employer Name, Address, Phone Number	Start Date MM/YY	End Date MM/YY	Job Title	Briefly list job responsibilities	Termination Voluntary or Involuntary?
Exact Reason for Leaving:			Name of Immediate Supervisor:		
Exact Reason for Leaving:			Name of Immediate Supervisor:		
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**Education**

High School	Location	# of Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Location	# of Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied
Graduate School	Location	# of Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied

**Performance of Job-Related Functions**

Are you able to perform the essential functions of the job for which you are applying with or without accommodations?  Yes  No

Describe any accommodations required \_\_\_\_\_

**Computer Skills**

Please check all the programs and applications with which you are familiar.

- Access       Outlook       Publisher       OneDrive       Office 365  
 Excel       PowerPoint       Word       OneNote

Other: \_\_\_\_\_

**References**

List the names of three (3) persons not related to you whom you have known for at least one year, and include at least one current or previous supervisor.

Name	Email Address	Phone Number	# of Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorization – Please read carefully and initial each statement before signing.**

Initials

\_\_\_\_\_ I declare under penalty of perjury that the information contained in this application and any resume or other documentation submitted is true and complete to the best of my knowledge.

\_\_\_\_\_ I understand that any false information or significant omission will disqualify me from further consideration of employment and will be justification for my immediate termination of employment, if discovered after hire date.

\_\_\_\_\_ I understand that the AJCC is an at-will employer and there is no guarantee for length of employment and that the terms and condition of my employment can be changed at any time with or without notice and with or without cause.

\_\_\_\_\_ If I become employed, I understand that I must comply with all rules, regulations, policies and procedures of the AJCC.

\_\_\_\_\_ I authorize the investigation of all statements contained in the Employment Application and accompanying resume (if any) and further authorize any person, school, current employer, past employer and organization named in the Employment Application and accompanying resume (if any) to provide the AJCC with information and opinions that may be useful in making a hiring decision. I release all informants from liability for any damage that may result from furnishing information which is truthful or made in good faith to the AJCC.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date