



ADULT CARE SERVICES Employment Application

Employees of ACS, and applicants for employment, shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliations, national origin, disability, marital status, gender, or age. Confidential assistance in completing this application may be obtained if needed.

I am applying for a position at (please circle one): *Adult Care Services* *The Margaret T. Morris Center*
The Susan J. Rheem Adult Day Centers (Please check city): Prescott _____ *Prescott Valley* _____

Position _____ Date of application _____

Name _____ Street _____

City _____ State _____ Zip code _____

Telephone _____ Cell phone _____

Email address _____

Referral Source (Newspaper, walk-in, employee, other) _____

When are you available to start work? _____

Do you have a family member already employed with ACS? _____ If so, who? _____

Are you eligible to work in the United States? _____

Schedule interested in: Days Evenings Nights Weekends Weekend Nights
 Part Time Full Time

Have you ever pleaded guilty or no contest to, or been convicted of a crime? Yes No

If yes, explain _____

Have you ever worked for this company? _____ If so, when? _____

EDUCATION

School Name	No. of Years	Course/Major	Diploma/Degree

SKILLS AND QUALIFICATIONS

Please provide any additional information to further describe your qualifications:

EXPERIENCE (List most recent job first.)

Employer _____ Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Duties _____

Dates of employment (start) _____ (end) _____

Salary _____ Reason for leaving _____

May we contact for reference? Yes No

Employer _____ Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Duties _____

Dates of employment (start) _____ (end) _____

Salary _____ Reason for leaving _____

May we contact for reference? Yes No

Employer _____ Job Title _____

Address _____

Telephone _____ Immediate Supervisor _____

Duties _____

Dates of employment (start) _____ (end) _____

Salary _____ Reason for leaving _____

May we contact for reference? Yes No

REFERENCES (Please complete both sections.)

List three business/work references who are not related to you:

Name	Title	Relationship	Telephone	# of Years Known

List three personal references who are not related to you:

Name	Title	Relationship	Telephone	# of Years Known

I certify that all information is true and complete. I authorize the employer to contact and obtain information for all references, former employers, and educational institutions.

Date _____ Applicant Signature _____

NSE/EOE

EMPLOYMENT HISTORY AUTHORIZATION

I, the undersigned, do hereby grant Adult Care Services, Inc., my permission to obtain any truthful employment history information from any past employer for whom I have worked.

I further authorize and release any former employer to disclose truthful work related history without fear of any claims for damage to my character or job status.

Print Name

Signature

Date

EMPLOYER AREA ONLY:

Applicant's Name (If different) _____

Company Name _____

Dates in your employ: From _____ To _____ Salary _____ Per _____

Position(s) held _____

Why did the applicant leave your company? _____

Rehireable? YES NO: _____

Please rate applicant on the following characteristics:

	Poor	Fair	Avrg	Good	Exclt
Quality of work	_____	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Character/Integrity	_____	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____	_____

Signed: _____ Date: _____