

Date: _____

Position Applied For: _____

My resume is attached: YES NO



Name _____

Last Name First Name Middle Name

Address _____

Street City, State Zip Code

Telephone Number _____

Email Address _____

How did you hear about this position? _____

Are you 18 years or age or older? YES NO

Are you legally eligible to be employed in the U.S.? YES NO

Do you have a driver's license? YES NO

Do you have access to an automobile? YES NO

Have you ever been convicted of any violation of the law other than minor traffic violations? YES NO

If yes, explain below. (Note: Non-job related conviction do not disqualify you from employment.)

OTHER APPLICANT INFORMATION

AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER, AHC will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or affectional preference.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information to be considered for AHC employment.

EMPLOYMENT HISTORY: List your last three (3) employers, assignments or volunteer activities, starting with the MOST RECENT, including military experience. Explain any gaps in employment in the comments section below.

If you are currently employed, may we contact your PRESENT employer about your work? YES NO

Employer: _____

Address: _____

Job Title: _____

Dates Employed: _____ Hours Per Week? _____

Beginning Hourly Wage or Salary? _____ Ending Hourly Wage or Salary? _____

Describe Duties: _____

Reason For Leaving? _____

Employer: _____

Address: _____

Job Title: _____

Dates Employed: _____ Hours Per Week? _____

Beginning Hourly Wage or Salary? _____ Ending Hourly Wage or Salary? _____

Describe Duties: _____

Reason For Leaving? _____

Employer: _____

Address: _____

Job Title: _____

Dates Employed: _____ Hours Per Week? _____

Beginning Hourly Wage or Salary? _____ Ending Hourly Wage or Salary? _____

Describe Duties: _____

Reason For Leaving? _____

Comments (Including explanation of any gaps in employment): _____

Skills and Qualifications (summarize special skills and qualification acquired from employment or other experiences that may qualify you to work with our agency): _____

EDUCATIONAL BACKGROUND

School Name: _____ Location _____

Years Attended: _____ Degree Received _____

Major/Minor Subject: _____

Certificate/Degree: _____

School Name: _____ Location _____

Years Attended: _____ Degree Received _____

Major/Minor Subject: _____

Certificate/Degree: _____

School Name: _____ Location _____

Years Attended: _____ Degree Received _____

Major/Minor Subject: _____

Certificate/Degree: _____

PERSONAL EXPERIENCE

Do you have any work, volunteer or personal experience which is relevant to this position and in which you worked with persons of different races, ages or with handicapped persons? _____

Do you have any other personal experiences (hobbies, other volunteer or training experiences, other coursework, etc.) which you feel may help you qualify for this position? _____

MILITARY SERVICE

Have you served for more than 180 days on active military duty for other than training purposes? (Do not count the time spent in the National Guard or the Military Reserves if you were not on active military duty during that time.)

YES NO

OTHER INFORMATION

Have you ever been discharged or asked to resign from any position for misconduct or unsatisfactory service?

YES NO

If yes, please describe the situation: _____

You may use this space to provide additional information, which you feel, may help you qualify for this position or which may clarify other information that you have already provided. _____

PLEASE BE SURE TO SIGN THIS APPLICATION & READ THE FOLLOWING STATEMENTS CAREFULLY:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize AHC to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I hereby authorize all current and previous employers to release job-related information upon the written request of AHC. However, I understand that if, in the Employment Record section, I have answered "No" to the question, "May we contact your present employer?" contact with my current employer will not be made without my specific authorization.
4. I understand the data provided will be used to verify and confirm the information contained in this application. Failure to provide this authorization will result in my not being considered for employment. This release shall be valid for one year from the date below.

Print Name _____

Signature _____