



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Mailing Address		City/State/Zip	
Phone		E-mail Address	
Position Applied for			Date Available to Start Work
Are you legally qualified to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How did you hear about this position?
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you know anyone who works at ACCA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who, and what is your relationship?

EDUCATION/PROFESSIONAL TRAINING		<i>Applicants selected for interviews must have transcripts available</i>	
High School	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SPECIALIZED TRAINING/CERTIFICATES/LICENSES	
Training/Certificate/License	Date
Training/Certificate/License	Date
Training/Certificate/License	Date

WORK EXPERIENCE			
<i>Please include employment history here, starting with most recent employment, or attach resume with this information</i>			
Company	Phone ()		
Address	Supervisor		
Job Title	From	To	
Responsibilities			
May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company	Phone ()		
Address	Supervisor		
Job Title	From	To	
Responsibilities			
May we contact this employer for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

WORK EXPERIENCE (CONTINUED)			
Company		Phone ()	
Address		Supervisor	
Job Title		From	To
Responsibilities			
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		From	To
Responsibilities			
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL REQUIREMENTS

The successful candidate must:

- * Show proof of having completed educational degree stated on this application
- * Successfully complete a state and federal criminal background check within 90 days of hire
- * Provide 3 professional references.

REFERENCES <i>Please list three professional references</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Non-Discrimination Policy: No discrimination shall be made with regard to hiring, assignment, promotion, compensation or other conditions of staff employment because of race, religion, color, or national origin, age, physical or mental disability, sex, veteran status, marital status, and changes in marital status, pregnancy, or parenthood, except where permitted by law.

Accommodations: Applicants and employees who request reasonable accommodation for a medical or religious reason should advise the Executive Director of such request in writing, specifying the nature of the requested accommodation, and should be prepared to provide documentation. Additional documentation may be requested to establish whether the individual's medical condition or religious belief are protected by law, or to determine whether and what types of accommodations would be effective. The Executive Director will evaluate each request and notify the applicant or employee of the status of their accommodation requests within 30 days. Temporary accommodations may be available if the agreed upon accommodation cannot be provided immediately.

At Will Employment: Employment with ACCA is "at-will." This means that employees may terminate their employment at any time with or without notice or cause. It also means that ACCA can terminate employment, at any time, with or without notice or cause. ACCA reserves the right to alter employment status, employment hours or schedule at its own discretion with or without notice or cause.

DISCLAIMER AND SIGNATURE	
By my signature below, I attest that all the information provided in this application is true, and that no pertinent omissions have been made.	
Signature: _____	Date: _____