



ACC Senior Services

7334 Park City Drive, Sacramento, CA 95831
 Phone (916) 394-6399 | Fax (916) 394-6392

APPLICATION FOR EMPLOYMENT

ACC – A Community of Caring is an equal opportunity employer. ACC complies with all applicable laws providing equal employment opportunities to individuals regardless of race, religious creed, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, military service status, marital status, pregnancy, childbirth and related conditions, age, medical condition, disability (mental or physical), or any other category protected by applicable state, federal and local laws and ordinances.

Print Name : _____
 LAST *FIRST* *MIDDLE*

Address : _____
 HOUSE NO. & STREET *CITY* *STATE* *ZIP CODE*

E-mail Address:_____ **Phone No.:**_____ **Business Phone No.:**_____

Emergency Contact Name:_____ **Phone:**_____

Is your age under 18? YES NO **If YES, do you have a work permit?** YES NO
If job involves driving, State Driver’s License No.:_____ **Exp. Date:** _____

If hired, would you be able to present proof of your legal right to work in the United States? YES NO

Position Desired: _____ **Days / Work Hours Available:** Full Time Part Time On Call
 Weekends Evenings

Have you ever applied or worked for ACC before? No Yes
 If yes, please explain (include date):_____ **Salary Desired** _____ **Date Available** _____

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any person who is related to you and who is currently employed at this facility YES NO

How did you learn about this job opening? Walk-in Internet Job Posting ACC Web site Referral Other

Check the highest grade completed in each school category			
Grade School	High School	College Degree	Graduate Degree
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name</i>	<i>Location</i>	<i>Course Degree</i>	
High School			
Community College			
College / University			
Nursing, Technical or Vocational School			
Other Training Skills (Office, Microsoft Office, Medical, etc.)			
What office machines do you use?			Typing Speed WPM: _____ _____
Professions Requiring State License (Registration)			
California Prof/Tech License #	Date Received	Date Expired	Professional Society Membership

MILITARY

Branch of U.S. Service: _____	Final Rank: _____
Service Schools or Special Experience: _____	
Do you have any specific education or training which directly relates to the position for which you are applying? _____ If YES , Please provide all pertinent information not already stated.	

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all periods of unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience. Use additional sheet if necessary.

Employer: _____ Address: _____
Telephone #: _____ Dates: from ___/___/___ to ___/___/___ Position: _____
Salary/ Wage: Starting _____ per ____ Final _____ per ____ Supervisor's Name: _____
Duties & Responsibilities: <i>(Be specific)</i>
Reason for leaving: <i>(If you are currently employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO)</i>

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Employer: _____ Address: _____

Telephone #: _____ Dates: from ____ / ____ / ____ to ____ / ____ / ____ Position: _____

Salary/ Wage: Starting _____ per ____ Final _____ per ____ Supervisor's Name: _____

Duties & Responsibilities: *(Be specific)*

Reason for leaving: _____

Is there any other information which you would like to give which would help us in our evaluation? YES NO

If YES, explain:

PROFESSIONAL REFERENCES

Give the names of three professional references, not related to you, whom you have known for at least one year.

Name: _____ E-mail Address: _____ Telephone # : _____

Name: _____ E-mail Address: _____ Telephone # : _____

Name: _____ E-mail Address: _____ Telephone # : _____

PERSONAL DATA

Have you ever been suspended or discharged from any position? YES NO If YES, please explain:

Are you able to perform the essential functions of the job for which you are applying, with/without accommodation? YES NO If NO, please describe the functions that cannot be performed:

Have you ever been convicted of a crime? YES NO If YES, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case:

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, and the relevance of the offense to the position(s) applied for may, however, be considered. Background / fingerprint and driving record checks may be conducted depending on the position and federal and/or state legislated requirements.

Have you ever been found guilty in the mistreatment, neglect, or abuse of residents, or misappropriation of their property? YES NO If yes, please explain: _____



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PRE-EMPLOYMENT STATEMENT

I understand and agree that this application, singularly or together with other company documents or policy statements, does not create a contract of employment. I also understand that if hired, I may voluntarily leave the company or be terminated at anytime and for any reason. I also understand that an offer of employment is conditional on satisfactory results of a post-offer employment physical examination.

I do hereby declare that all information given and statements made herein and in conjunction with this application are true; and if hired, any information discovered to be false is grounds for immediate termination. I also consent to have all information checked and I give my permission to any and all persons contacted to release any employment related information requested in connection with this application/employment. I agree not to hold any such person or company liable for the information that they give out.

APPLICANT NAME: _____
(Please Print)

SIGNATURE: _____ **DATE:** _____



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REQUEST FOR REFERENCE

To: _____

_____, a current or former employee of your firm has applied for employment with ACC Senior Services. We would appreciate your evaluation of this individual's performance and other job related issues indicated in the evaluation section of this form at your earliest convenience. Please feel free to comment on appropriate job related issues that are not included within the evaluation section. Thank you for your attention and we are waiting for your prompt reply.

Position Held/Primary Duties: _____

Period of Employment From _____ To _____

Reason for Leaving: _____ Would you rehire? Yes No

Please check appropriate boxes:

	Unsatisfactory	Good	Average	Excellent	Comments
Technical					
Quality					
Dependability					

Additional Comments:

I hereby give ACC Senior Services the right to investigate my past employment, education, and activities. I release from all liability all persons, companies or corporations who supply such information. I indemnify ACC Senior Services against any liability that might result from such an investigation. I understand that any false answer or statement or material omissions or implications I might make shall be considered sufficient cause to deny employment or for immediate discharge if already employed.

Signature of Applicant

Date

Signature of Respondent

Date



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