



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
*Last First M.I.*

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City*

*State*

*Zip Code*

Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are You Eligible for Employment in The U.S.? Yes \_\_\_ No \_\_\_

Have You Ever Worked For This Organization? Yes \_\_\_ No \_\_\_ If Yes, When? \_\_\_\_\_

Type of employment desired: \_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Temporary

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Yes No

Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_ \_\_\_ Degree/Course of Study: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Yes No

Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_ \_\_\_ Degree/Course of Study: \_\_\_\_\_

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

Yes No

Years Completed: \_\_\_\_\_ Degree/Diploma: \_\_\_ \_\_\_ Degree/Course of Study: \_\_\_\_\_

List any foreign language(s) you know and check the boxes that describe your skill level:

Language	Speak Some	Speak Fluently	Read	Write

**Please List Three Professional References That We May Contact:**

### References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

### Employment Experience

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  

Yes No

May We Contact Your Previous Supervisor For A Reference? \_\_\_\_ \_\_\_\_

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Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  

Yes No

May We Contact Your Previous Supervisor For A Reference? \_\_\_\_ \_\_\_\_

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Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  

Yes No

May We Contact Your Previous Supervisor For A Reference? \_\_\_\_ \_\_\_\_

List special training, skills, licenses, certificates, job-related training received in the United States Military and/or characteristics of yourself that may qualify you as being able to perform job- related functions for this position:

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## Agreement and Certification

### **ACR Health's Mission Statement:**

**ACR Health is a progressive human services provider committed to eliminating health disparities and inequality throughout the Central, Northern and Mohawk Valley regions of New York State.**

### **ACR Health's VALUES:**

**Human dignity, Integrity, Empowerment, Health, Team Work**

### **ACR Health's VISION:**

**A community where every person has the opportunity to achieve optimal health and equality.**

My signature below constitutes full acceptance of this application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize investigation of my person, employment, and other related matters as may be necessary in arriving at an employment decision or verifying information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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Signature of Applicant

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Date

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We afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, citizenship, sexual preferences, disability, veteran status, marital status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.

We Are An Equal Opportunity Employer

