



ACE Wellness Center APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for _____	Date of Application _____
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Street Address	City	Zip
Home Number	Cell-phone Number	Social Security #
Other information		

Best time to contact you at above numbers is:	_____ : _____	AM/PM
If you are under the age of 18, can you provide required proof of your eligibility to work?	Yes or No	
Have you ever filed an application with us before? If yes, Please give date? _____	Yes or No	
Have you ever been employed with us before? If yes, Please give date? _____	Yes or No	
Do any of your friends or relatives work here? If yes, state name, relationship, and position _____	Yes or No	
Are you currently employed? Where? _____	Yes or No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	Yes or No	
Date Available to work ___/___/___, what is your desired pay range? _____		
Are you available to work <input type="checkbox"/> full time, <input type="checkbox"/> part time, or <input type="checkbox"/> temporary (summer months only)		
Please indicate available days and hours _____		

Education

School	Name & Address	Course of study	Years Completed	Degree/Diploma
High School				
College				
Other (Specify)				

Work Experience

Starting with your most recent job

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone number(s):			
Job Title:	Hourly rate/salary		
Supervisor:	Starting	Final	
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone number(s):			
Job Title:	Hourly rate/salary		
Supervisor:	Starting	Final	
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone number(s):			
Job Title:	Hourly rate/salary		
Supervisor:	Starting	Final	
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any lapse in employment

Professional References: *please note, references must not be relatives*

Name	Phone Number	Best time to call	Occupation
1.			
2.			
3.			

Applicants Statement

I certify the answers given herein are true and complete.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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, policies, and regulations of the employer.

Signature of Applicant

Date

Do Not Write Below This Line

Remarks

Neatness	Character		
Personality	Ability		
Hired	Position	Start Date	Wages/Salary