



Pre-Employment Application

Access Homecare Services, Inc. provides community integration training to individuals with developmental disabilities and equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, or other protected class, in compliance with all federal, state and local laws.

PLEASE PRINT

Position Applying For: _____

Date of application: _____

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Have you ever used any other name? If so, state them: _____

Address (Street, City, Zip Code): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Best time to call: _____ Are you at least 18 years of age? _____

Work availability (Full time, Part time, Temporary): _____

Are you currently employed? _____ What date are you able to begin? _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? _____ (Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a crime? _____ (If yes, please explain in the following section. Conviction will not necessarily disqualify an applicant from employment.) _____

EMERGENCY CONTACT INFORMATION

Name (First, Last): _____

Address (Street, City, Zip Code): _____

Phone: _____

EDUCATION

Name and Address of Schools	Number of Years Completed	Did you graduate?	Diploma or Degree received and subject

LIST SPECIAL SKILLS/QUALIFICATIONS/CERTIFICATES

What language do you speak, read and write fluently? _____

EMPLOYMENT HISTORY (from recent to last)

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____

Address: _____ Telephone: _____

Supervisor: _____ May we contact?: _____

Duties: _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____

Address: _____ Telephone: _____

Supervisor: _____ May we contact?: _____

Duties: _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Job Title: _____ Salary: _____

Address: _____ Telephone: _____

Supervisor: _____ May we contact?: _____

Duties: _____

Reason for leaving: _____

PERSONAL REFERENCES

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

PLEASE READ CAREFULLY

1. I hereby authorize the Agency to investigate all statements and information contained in this application, in my resume or that I otherwise have provided during my application and hiring process. I certify that all such information and statements provided by me are true and complete to the best of my knowledge and belief. I understand that any false information or material omissions on this application, on my resume or on any other document used to secure employment may disqualify me from further consideration for employment and will, if I am employed, be grounds for immediate dismissal, regardless of when such information is discovered.
2. I understand that the Agency may obtain consumer reports about me, including a search of criminal records and verification of my education and employment history, in connection with

this application or during my employment if hired. I have authorized or will be authorizing the obtaining of such reports.

3. I understand that employment with the Agency is contingent on passing all required post-offer drug tests and TB clearance.
4. I acknowledge that due to the nature of the Agency's business, attendance and punctuality are essential requirements of every job and that poor attendance or tardiness will result in disciplinary action or termination.
5. I authorize all persons or businesses contacted by or on behalf of the Agency about me to disclose to the Agency any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also authorize the persons I named as personal references to provide the Agency with any pertinent information they may have about me. In addition, I hereby fully release the Agency my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigators or disclosures.
6. I further understand and agree that, if I am hired, my employment with the Agency will be "at will", meaning that I may resign my employment at the Agency at any time for any reason and that the Agency may terminate my employment at any time for any reason, with or without cause and with or without advance notice. No employee or representative at the Agency is authorized to enter into any agreement of employment for any specific period of time or to make any agreement, express or implied, inconsistent with at-will employment or with any other provision or policies of the Agency except by written authorization signed by the Director.

Signature: _____ Date: _____

FOR PERSONNEL USE ONLY	
START DATE	_____
SALARY	_____
NEXT EVALUATION	_____
WORK LOCATION	_____
SUPERVISOR	_____
AUTHORIZATION	_____
	Signature of Director