



Employment Application

The Access Program is an equal opportunity employer. The Access Program does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)

Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position applying for _____

Are you currently employed? _____

If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before? ___Yes ___No

Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION

High School _____ Location _____ Diploma received? _____

College or University _____ Location _____ Degree in _____

Trade or Technical School _____ Location _____ Degree/Cert. in _____

Do you have any special skills, experience, certifications and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer Name _____	Phone Number _____
Dates employed: From _____ To _____	Starting Pay _____ Ending Pay _____
Job Title _____	Supervisor Name _____
Brief description of job duties & responsibilities. _____	
Reason for leaving? _____	

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Dates employed: From _____ To _____ Starting Pay _____ Ending Pay _____
Job Title _____ Supervisor Name _____
Brief description of job duties & responsibilities. _____

Reason for leaving? _____

Please explain any gaps in employment. _____

WORK REFERENCES

Give the names & phone numbers of 3 supervisors or individuals familiar with your work ability. Do not include relatives.

Name _____ Phone number _____ Years worked with _____

Name _____ Phone number _____ Years worked with _____

Name _____ Phone number _____ Years worked with _____

PERSONAL REFERENCES

Give the names & phone numbers of three persons not related to you, whom you have known at least five (5) years.

Name _____ Phone number _____ Years Acquainted _____

Name _____ Phone number _____ Years Acquainted _____

Name _____ Phone number _____ Years Acquainted _____

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Access Program to hire me. If I am hired, I understand that either The Access Program or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Access Program has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Access Program true and complete information on this application. No requested information has been concealed. I authorize The Access Program to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

EEO-1 Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires The Access Program to determine this information by visual survey and/or other available information.

NAME: _____ JOB TITLE: _____ DATE: _____

GENDER: (Please check one of the options below)

Male Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

White

Black or African American

Native Hawaiian or Pacific Islander

Asian

Native American or Alaska Native

Two or more races

I do not wish to disclose.

Section 2: Veteran Status

I identify as one or more of the following classifications of protected veterans:

- Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

I am not a protected veteran.