

Access Counseling Services, LLC

4464 S. Dixie Highway

Middletown, Ohio 45005

EMPLOYMENT APPLICATION

NAME _____
Last First Middle Phone Number

ADDRESS _____
Street City State Zip Code

Are you 18 years of age or older? ___Yes ___No SOCIAL SECURITY # _____ - _____ - _____

If hired, can you provide written evidence that you are authorized to work in the USA? ___Yes ___No

EDUCATION

<i>TYPE</i>	<i>NAME/LOCATION</i>	<i>COURSE</i>	<i>YEARS COMPLETED</i>	<i>DEGREE/DIPLOMA</i>
Elementary				
Junior High				
High School				
College				
Technical or Other				

EMPLOYMENT RECORD

	<i>COMPANY NAME & ADDRESS</i>	<i>KIND OF WORK</i>	<i>DATES EMPLOYED</i>	<i>RATE OF PAY</i>	<i>REASON FOR LEAVING</i>
1					
2					
3					
4					
5					

Type of work desired: _____ Salary Desired: _____

How were you referred to our organization? _____

Do you have any relatives who are employed by this organization? ___Yes ___No

If YES, please specify: _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? ___Yes ___No

If YES, please specify: _____

Have you ever been convicted of a felony? ___Yes ___No

If YES, please specify: _____

A conviction doesn't necessarily preclude employment.

Please list any additional information that relates to your ability to perform the job for which you have applied- such as licenses, professional memberships, hobbies, etc.

REFERENCES (Do NOT include relatives)

	<i>NAME</i>	<i>OCCUPATION</i>	<i>YEARS KNOWN</i>	<i>ADDRESS</i>	<i>PHONE NUMBER</i>
1					
2					
3					

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of this organization. I UNDERSTAND THAT THIS APPLIATION IS NOT A CONTRACT OF EMPLOYMENT. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment. I understand that any offer of employment is contingent upon a satisfactory background check.

I understand that the employer will thoroughly investigate my work and personal history and verify all date given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your signature: _____ Date: _____

ACCESS COUNSELING SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER. NO ASPECT OF EMPLOYE MNT WILL BE INFLUENCED BY RACE, COLOR, REGLIGION, SEX. AGE, NATIONAL ORIGINA, VETERAN STATUS, HANDICAP, OR ANY OTHER BASIS PROHIBITY BY STATUTE.