

Access Counseling Services, LLC
4464 S. Dixie Highway
Middletown, OH 45005

EMPLOYMENT APPLICATION

Date _____

(Please Print)

NAME _____
Last First Middle Telephone Cell

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 U.S.A? Yes No

EDUCATION

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

EMPLOYMENT RECORD

	COMPANY NAME AND ADDRESS	KIND OF WORK	DATE STARTED / DATE LEFT	RATE OF PAY	REASON FOR LEAVING
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 been convicted of a felony? Yes No

If YES, please specify: _____

A conviction does necessarily prelude 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)

	NAME	OCCUPATION	YEARS KNOWN	ADDRESS	PHONE NUMBER
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 APPLICATION 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 data 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 the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____

ACCESS COUNSELING SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER. NO ASPECT OF EMPLOYMENT WILL BE INFLUENCED BY RACE COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, HANDICAP, OR ANY OTHER BASIS PROHIBITED BY STATUTE.