



## Application for Employment

George G. Glenner Alzheimer's Family Centers, Inc. is an Equal Employment Opportunity (EEO) employer and does not discriminate based on race, color, sex, gender identity, national origin, religion, age, military status, ancestry, political affiliation, sexual orientation, marital status or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities.

**(PLEASE PRINT)**

Position(s) applying for:		Date completed:	
How did you learn about us?			
<input type="checkbox"/> Advertisement Print/Media	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-in/Inquiry Call	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Website	<input type="checkbox"/> Other _____	
Legal Last Name	Legal First Name	Legal Middle Name	
Other Names Used in Last 5 Years:			
Home Address:			
Street	City	State	Zip Code
Home Telephone Number	Mobile Telephone Number	Social Security Number - -	

If under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever applied with us before? If yes, date: \_\_\_\_\_  Yes  No

Have you been employed by us before? If yes, date: \_\_\_\_\_  Yes  No

If offered position(s), will you need to provide notice?  Yes  No  
 On what date will you be available to start? \_\_\_\_\_

May we contact your present/past employer(s)?  Yes  No

Are you able to complete an Employment Eligibility Verification, Form I-9?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you an active-duty Armed Forces member or subject to recall?  Yes  No

Are you willing to travel (if required by position)?  Yes  No

Have you ever been convicted of a crime?  Yes  No

*As required by State and Federal law, we are required to conduct criminal background checks for all potential employees.*

## Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Course of Study/Focus																	
Describe any training, apprenticeship, skills and extra-curricular activities beneficial for the position.																	
Describe any awards, recognition or honors you have received.																	
Provide any additional information you feel are helpful to us while reviewing your application.																	

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Fair	Limited
Speak			
Read			
Write			

List professional, trade, business or civic activities and/or offices currently or previously held.

You may exclude memberships which may reveal sex, race, age, religion, national origin, age, ancestry, handicap or other protected statuses:

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## References

Please provide three (3) references who are not related to you or previous employers.

Full Name	Address	Telephone Number	Email
1.			
2.			
3.			

Are you able to perform the essential functions of the position's job duties with or without reasonable accommodations?

Yes  No

## Employment Experience

Provide the last 5 years of experience beginning with your most recent volunteer, job or job-related experience. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Company				Phone	(      )
Address				Supervisor	
Job Title				Supervisor's Email	
Responsibilities					
From (MM/YYYY)		To (MM/YYYY)		Reason for Leaving	
Company				Phone	(      )
Address				Supervisor	
Job Title				Supervisor's Email	
Responsibilities					
From (MM/YYYY)		To (MM/YYYY)		Reason for Leaving	
Company				Phone	(      )
Address				Supervisor	
Job Title				Supervisor's Email	
Responsibilities					
From (MM/YYYY)		To (MM/YYYY)		Reason for Leaving	
Company				Phone	(      )
Address				Supervisor	
Job Title				Supervisor's Email	
Responsibilities					
From (MM/YYYY)		To (MM/YYYY)		Reason for Leaving	

If you need additional space, please continue onto the back.

## Additional Skills and Qualifications

Summarize any additional job-related skills and qualifications acquired through employment that is not otherwise mentioned.

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## Applicant's Statement

Please initial beside each statement and date and sign below.

\_\_\_\_\_ I certify that my responses given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, as may be necessary for making an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

\_\_\_\_\_ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

\_\_\_\_\_ It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

\_\_\_\_\_ 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 and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Arrange Interview  Yes  No

Notes:

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed  Yes  No Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Dept/Office: \_\_\_\_\_

Salary: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_