



11 Park Place Suite 805
New York, NY 10007

Telephone No. 212-341-3036
Fax: 212-341-3039

Email: hr@nycacc.org

**JOB APPLICATION
FOR EMPLOYMENT AT WILL**

Please Print

Last Name	First	Middle	E-mail
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Address	City	State	Zip Code	Contact No.
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Verification to Work Do you have the legal right to work in the United States? <input type="radio"/> Yes <input type="radio"/> No	If hired, can you show proof of age? <input type="radio"/> Yes <input type="radio"/> No	US Military Service: _____ Branch of Service: _____ Veteran <input type="radio"/> yes <input type="radio"/> no Military Occupation: _____
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Have you ever been employed by this organization? Yes No

When _____ Care Center _____ Supervisor _____

Do you have a friend or relative employed by this organization? Yes No

Name _____ Care Center _____

Do you have any impairments, physical, mental or medical which would interfere with your ability to perform the job for which you have applied without being provided any accommodation?
 Yes No If yes, please explain:

Indicate any other name used on employment records:

Education

Name of School - City, State	Major Courses	Minor Courses	Highest Degree Earned
High School/GED			
College			
Other (Grad, Business, Etc.)			

Driver License

Do you have a valid driver's license? Yes No

Issuing State: _____ Expiration Date: _____

Professional License (If Applicable)

Title of License You Possess: _____

Name of Issuing Agency/State: _____ Date of Original Issue: _____ Date Last Renewed: _____

Employment Record

List most recent employment first. (If more space is required to account for at least your last 10 years of work please continue on separate employment record sheet & attach.)

Dates Employed From:	Name & Address of Employer To:	Description of Work	May we contact the employer? <input type="radio"/> Yes <input type="radio"/> No
Contact No.		Reason for leaving:	
Nature of Business	Supervisor's Name & Title		
Exact Title of your Position		Annual Salary	

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Exact Title of your Position		Annual Salary	

Skills		
Foreign Languages:	Animal handling skills 0 (lowest) - 5 (highest)	Minimum Salary Requirements
Read Write Speak	0 1 2 3 4 5	

Additional Qualifications/Computer Skills:

References: Three persons, not related to you (at least two professionals).		
Name (Print)	Title & Name of Company	Telephone

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that ACC shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I authorize the companies, schools or persons named above to give any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I agree to defend, hold harmless and indemnify said companies, school or person from any actions brought or damages alleged from issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules policies of my employer. I understand that any false statements or omissions on this application will constitute grounds for termination or rescission of a job offer.

Date: _____ Signature: _____