



JOB APPLICATION FOR EMPLOYMENT AT WILL

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

11 Park Place, Suite 805
 New York, NY 10007

Email: Careers@nycacc.org

Position Desired	How did you learn about the position?	Can you work weekends?

Last Name	First	MI	E-mail		
Address		City	State	Zip Code	Contact No.

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: _____

Indicate any other name used on employment records:

Education			
Name of School - City, State	Major Courses	Minor Courses	Highest Degree Earned
High School/HSED/GED			
College			
Other (Certificates, Programs, etc.)			

Driver License
Do you have a valid driver's license? <input type="radio"/> Yes <input type="radio"/> 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 your last 10 years of relevant work experience please continue on a separate sheet & attach along with the application.

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

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

SKILLS

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

Additional Qualifications/Computer Skills:

REFERENCES (at least two professional)

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.

Signature: _____

Date: _____