



ALTERNATIVE LEARNING CENTER AND COMMUNITY ENGAGEMENT, INC

Application for Employment

Please Print

Date: _____

Social Security Number	Last Name	First Name
Address	City	County
State	Zip Code	Home Telephone
Email Address	Cell/Pager	Date of Birth

Position Applied for: _____

Salary Expectation: _____

Driver License # _____

Have you ever been convicted of breaking a law other than a minor traffic violation? No

Education

School	Name & Address	Dates Attended	Course of Study	Degree/Diploma Received
High School				
College Community/University				
Graduate School/Professional				
Educational/Vocational				
Certification				

Training you have completed in the last three years (First Aid, CPR, HIPAA, Blood Borne Pathogens, Client's Right and etc.)



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References

List the names, addresses and phone numbers of three ***one personal and two professional*** people we may contact as reference.

Name	Address	Telephone number	Relationship	Email

Work History

Current/Last Employer	Address
Title Salesman	Supervisor Name Email Address Telephone number N/A
Date Employed Date Separated	Telephone number
Starting Salary Ending Salary	Reason for leaving
If part time, # hours per week	May we contact your employer? Yes No
Duties	
Current/Last Employer	Address
Title	Supervisor Name Email Address Telephone number
Date Employed Date Separated	Telephone number
Starting Salary Ending Salary	Reason for leaving
If part time, # hours per week	May we contact your employer? Yes No
Duties	
Current/Last Employer	Address



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Title	Supervisor Name Email Address Telephone number
Date Employed Date Separated	Telephone number
Starting Salary Ending Salary	Reason for leaving
If part time, # hours per week	May we contact your employer? yes or no
Duties	
Current/Last Employer	Address
Title	Supervisor Name Email Address Telephone number
Date Employed Date Separated	Telephone number
Starting Salary Ending Salary	Reason for leaving
If part time, # hours per week	May we contact your employer? ¹ Yes ¹ No
Duties	

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, association, registration and licensing boards, and others to furnish whatever detail is available concerning my qualification. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.



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Signature of Applicant _____ Date _____



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EMERGENCY CONTACT INFORMATION

NAME	PHONE	RELATIONSHIP

HOSPITAL PREFERENCE _____

ALLERGIES _____ N/A _____
