

AAC / Davis Clinic
Employment Application

Last Name	First Name	General Middle Initial	SS #	Date
_____	_____	_____	_____	_____

Present Address: Street, City, State, Zip	Home Phone	Cell Phone
_____	_____	_____

Emergency Contact: Name	Phone	Relationship
_____	_____	_____

Position Applying For	Source of Referral	Date Available
_____	_____	_____

Full Time _____	Part Time _____	Temporary _____	Salary Range _____
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Employment History – Most recent first

1) Employer	Address	Phone	Supervisor
_____	_____	_____	_____

Start Date	End Date	Reason for Leaving	Final Salary
_____	_____	_____	_____

Position & Description _____

2) Employer	Address	Phone	Supervisor
_____	_____	_____	_____

Start Date	End Date	Reason for Leaving	Final Salary
_____	_____	_____	_____

Position & Description _____

3) Employer	Address	Phone	Supervisor
_____	_____	_____	_____

Start Date	End Date	Reason for Leaving	Final Salary
_____	_____	_____	_____

Position & Description _____

Education & Training
College & Address _____ Yr Graduated _____ Type of Degree or Diploma _____

High School & Address _____ Yr Graduated _____ Type of Degree or Diploma _____

List licenses, computer, data/word processing, other skills and training you consider relevant to this employment:

Are there other languages you may use in your ability to perform this job? Yes _____ No _____

If yes, please describe _____

Please list professional organizations, associations, honors, certifications and professional licenses you consider significant _____

Please indicate professional licenses and state of issuance:

Type of license _____ State of Issuance _____

License Number _____ Expiration of License _____

REFERENCES

List three persons other than relatives or personal friends who have knowledge of your work experience and/or education

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Authorization

I hereby authorize investigation of all statements made in this application and on this resume.

I certify that all information is true

I understand that falsification of this application or other employment information is cause for termination of employment without notification.

Date

Signature

*** No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed or disability.***

The AIDS Action Coalition/ Davis Clinic is a Drug Free Workplace. Drug screening is required and will be provided at the expense of the AIDS Action Coalition / Davis Clinic should you be selected for a position