



JOB APPLICATION

Alzheimer's Services Center
7251 Mount Circle, Morrow, Georgia 30260
770-603-4090

Alzheimer's Services Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Applicant Name: _____ ***Date:*** _____

Home Address: _____

City, State & Zip: _____

Phone: _____ ***Email:*** _____

Position Applying For: _____ Full-Time Part-Time ***Desired Salary:*** _____

Employment Eligibility

How did you hear about this position?

Have you ever applied to or worked for Alzheimer's Services Center before? Yes No

Do you have any friends or relatives working for Alzheimer's Services Center? Yes No

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____

Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____

Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____

References

Please provide at least 3 professional reference(s) below:

Reference	Contact Information
_____	_____
_____	_____
_____	_____

Additional Information:

Experience with Alzheimer disease and/or other related dementia

- Family
- Friend
- Other
- None

Do you have any illness, physical disability or health problem which would interfere with your ability to perform the work for which you are applying for, or which would endanger the health or safety of anyone with whom you would come in contact while performing your work? Y N

If yes, please explain

Applicant Signature: _____ Dated: _____