

ALZHEIMER'S SERVICE CENTER
7251 Mt. Zion Circle, Morrow, GA 30260

Employment Application

Position Applied for: _____ Date Available: _____

Personal Information

Name: _____ SS#: _____

Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____

Cellular Phone Number: _____

Experience with Alzheimer's disease:
__ (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: _____

Have you had any serious illness in the past five years? __ Y __ N

If 'yes', please explain: _____

Have you ever been convicted of a crime? ____ Y ____ N
If 'yes', please explain: _____

Education

Name of High School: _____
Address of High School: _____
Diploma: ____ Y ____ N
Other: _____

Name of College: _____
Address of College: _____
Major/ Minor: _____
Degree: ____ Y ____ N
Years Completed: _____

Training, certificates, other earned: _____

Employment History

Current Employer: _____
Address: _____
Telephone Number: _____
Employment Dates: _____
Supervisor Name: _____
Position Held: _____

Prior Employer: _____
Address: _____
Telephone Number: _____
Employment Dates: _____
Supervisor Name: _____
Position Held: _____

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References

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Applicant's signature

Date Submitted