



Equal Opportunity/Affirmative Action Employer

3330 University Avenue
Suite 200
Madison, WI 53705
608.663.1590 Phone
608.663.1591 Fax

Application for Employment

Please complete all sections. This application is considered active for 60 days after today's date.

Name _____ Today's Date _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Preferred Telephone No. _____ Alternative Phone No. _____

Email Address _____

Position Desired _____

Salary Desired _____ Date available for employment _____

Employment preference: Full Time Part Time Internship

If internship or part time, list days/hours available to work: _____

Are you legally eligible for employment in the United States? Yes No
An offer of employment, if made, is contingent upon satisfactory proof of legal authorization to work in the United States, according to law.

Are you employed now? Yes No May we contact your current employer? _____

Are you 18 or over? Yes No Can you travel if the position requires it? Yes No

Referral source _____
(Person's name, school, name of Internet job board, etc.)

Have you ever applied to this company before? Yes No If yes, when? _____

Have you been ever been convicted of a felony? * Yes No Date _____

Nature of conviction _____
*Will be considered only as it relates to the job and will not be an automatic bar to employment.

EMPLOYMENT HISTORY: Please list below (even if listed on resume) present and past employment, beginning with the most recent position. Complete *all* items and be specific.

Company	Address	Telephone
Dates Employed	Salary	Name of Supervisor
From: To:	Starting: Ending:	

Your Title _____

Your Duties (List all promotions and include a brief description of each) _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (CONTINUED): Please continue to list below (even if listed on resume) present and past employment. Complete all items and be specific.

Company	Address	Telephone
Dates Employed	Salary	Name of Supervisor
From: To:	Starting: Ending:	

Your Title _____

Your Duties (List all promotions and include a brief description of each) _____

Reason for Leaving: _____

Company	Address	Telephone
Dates Employed	Salary	Name of Supervisor
From: To:	Starting: Ending:	

Your Title _____

Your Duties (List all promotions and include a brief description of each) _____

Reason for Leaving: _____

Company	Address	Telephone
Dates Employed	Salary	Name of Supervisor
From: To:	Starting: Ending:	

Your Title _____

Your Duties (List all promotions and include a brief description of each) _____

Reason for Leaving: _____

PROVIDE ANY ADDITIONAL EMPLOYMENT HISTORY ON A SEPARATE SHEET OF PAPER, IF NECESSARY.

EDUCATION

Level	Name of School	City, State	# Years Attended	Degree Earned
High School				
College				
College				
College				

- 1. Professional licenses/certifications: _____
- 2. Awards, honors, special recognition: _____
- 3. Memberships that may relate to this position: _____

PROFESSIONAL REFERENCES (Do not list relatives)

Name	Address	Phone Number	Yrs Known	How Known?

AUTHORIZATION, RELEASE AND CERTIFICATION

All qualified applicants will receive consideration for employment without regard to race, age, sex, sexual orientation, creed, religion, color, handicap, disability, marital status, citizenship, veteran status, memberships in the National guard or state defense force reserves, national origin, ancestry, arrest or conviction record (except as permitted by law), or any other characteristic protected by applicable law or ordinances. ACS, Inc., is an equal opportunity employer.

I certify that all information I have provided on this application (and accompanying resume) is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application, or, if already employed when discovered, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement any and all information set forth in my application. I hold harmless every company, school, or individual person seeking or providing such information, whether in oral or written form. A photocopy or fax of this signed release shall be as valid as the original, and may be relied upon by all companies, schools, or persons seeking or providing information.

I further understand that if employed by ACS, an "at-will" employer, such employment is not for any definite period of time but may be terminated by either party at any time with or without prior notice, for any reason not prohibited by law. I understand that any oral or written statements which may have been made to me now or in the future inconsistent with the provisions of this paragraph are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if I am hired.

I certify I have read and that I understand this authorization, release, and certification.

Applicant's Signature _____ Date _____

Please Print Your Name _____

NOTE: We must have a written signature, not a typed signature.

Please print this document, sign it, and scan/email to HR@acscm.com, or send by regular mail to the address at the top of this form, or fax to: 608.663.1591.



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hr@acscm.com

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Fax: 608.663.1591
www.acscm.com

Voluntary Self-Identification Form

ACS is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ACS invites you to voluntarily self-identify your race or ethnicity.

All qualified applicants will receive consideration for employment without regard to race, age, sex, sexual orientation, creed, religion, color, handicap, disability, marital status, citizenship, veteran status, memberships in the National guard or state defense force reserves, national origin, ancestry, arrest or conviction record (except as permitted by law), or any other characteristic protected by applicable law or ordinances.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific individual.

Name _____

Date _____

AFFIRMATIVE ACTION SURVEY

Position Applied For _____

Sex: Male Female

Ethnicity/Race: Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

THIS FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT