



ACCESS Human Resources Department
3630 Aviation Way, PO BOX 4666 Medford, OR 97501
Phone: 541-779-6691 Fax: 541-779-6691
www.accesshelps.org

Section 1: Applicant Information

Full Name: Last, First, M.I. Date:

Address: Street Address, City, State, Zip Code

Phone: Email:

Position Desired: Desired Salary:\$

Date Available: Available for: Full Time (30-40hrs) Part Time (30<)

How did you hear about us? Are you authorized to work in the U.S.? Yes No

Have you ever worked for ACCESS? No Yes If yes, when?

Section 2: Education

High School: Did you graduate? Yes No

College: Did you graduate? Yes No Degree:

Section 3: Employment (A) References

Give accurate, current, and complete full and part time employment record. Start with your present or most recent employer. ACCESS requests a minimum of three references, with a minimum of one Employment Reference.

Company Name: Contact Number:

Candidate Position: Start Date: End Date:

Reason for Leaving: May we contact this employer? Yes No

Company Name: Contact Number:

Candidate Position: Start Date: End Date:

Reason for Leaving: May we contact this employer? Yes No

ACCESS provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, ACCESS complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.



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Section 3: Employment (A) References

Company Name: Contact Number:
Candidate Position: Start Date: End Date:
Reason for Leaving: May we contact this employer? Yes No

Section 3: Employment (B) Professional References

In the event ACCESS needs to contact additional references, provide below additional work references. ACCESS requests a minimum of three references, with a minimum of one Employment Reference.

Professional Reference Name: Contact Number:
Relationship: Years Known:
Professional Reference Name: Contact Number:
Relationship: Years Known:

Section 3: Employment (C) Work History

Have you ever been terminated or asked to resign? Yes No
If yes, briefly explain why:
Explain gaps in employment history of 3 months or longer:

Section 4: Authorization and Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that incomplete applications may not be reviewed.

By signing this document, I grant ACCESS authority to contact Employment References in addition to Professional References listed. I understand during the interviews with the sources I listed above discussions may include information regarding my general reputation, information about my character, and/or personal characteristics. I understand References will not be contacted until I am notified by ACCESS that my application has been submitted and processed.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Candidate Signature: Date:

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