



**amputee
coalition**

saving limbs. building lives.

An Affirmative Action, Equal Opportunity Employer

APPLICATION

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POSITION

POSITION APPLYING FOR: _____

Years of Related Experience: _____

General Information

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street Name and Number

City _____ State _____ Zip Code _____

Home Telephone Number _____ Email Address _____

Work Telephone Number _____ Social Security Number _____

Please answer the following questions	Yes	No	
Can you perform the essential functions of this position with or without accommodation?			If you require accommodation, please indicate the necessary accommodation:
Do you have any relatives working for the Amputee Coalition of America?			If yes, please indicate name and relationship:
Are you legally eligible for employment in the United States?			
Are you over 18 years of age?			
Were you ever discharged from employment or rejected during probation/orientation?			If yes, please explain including employer, position and date:
Have you ever been convicted of a crime other than minor traffic infractions? (Conviction is not an automatic bar from employment. Each case will be considered on its own merits)			If yes, please explain:
May we contact your present employer?			
May we contact you at work?			

Education

Name and address of High School:	Did You Graduate?	Yes		No	
Course of Study:	GED?	Yes		No	
Name and address of College or University	Units Credit Sem or Qtr.	Degree Earned	Major	Specialization within Major	

Special Training

Name of Institution and Location	Dates		Total Hrs of Course	Subject(s) Covered	Units Credit	
	From	To			Sem	Qtr

What machines (computers, office, commercial equipment, etc.) do you operate?

Typing Speed _____ Words Per Minute _____

Current Licenses if applicable to position (including driver's license) or Certificates Held (specify kind, state, and expiration dates):

Special Skills (including software programs):

Addition Qualifications

List any qualifications you feel would have special bearing on this position

Employment

List your work history for the past ten years. Begin with your present job and list in reverse order. Include self-employment and periods of unemployment in excess of one month as a separate period. List each promotion as a separate job. Resumes cannot be used to substitute for completion of the following. Attach additional page(s) if needed.

Dates of Work From	Your Job Title:	Name of Employer or Company
To Hours Per Week Last Salary Per	Description of Duties:	Phone No Address Type of Business or Organization Your Supervisor's Name and Title Reason for Leaving
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References		
<i>List a minimum of FOUR people not related to you who can attest to your work abilities and personal character.</i>		
Name	Address and Telephone Number	Occupation

I hereby certify that all information on this application is correct and complete to the best of my knowledge. I agree to have the statements verified by the Amputee Coalition of America unless I have indicated to the contrary. I understand that falsification or omission of any material information on this application may be considered cause for immediate dismissal. If employed, I agree to abide by all policies and procedures established by the Amputee Coalition of America. I recognize that employment at the Amputee Coalition of America is "at will," which means either the Amputee Coalition of America or I may terminate my employment at any time with or without cause or notice. I understand that the Amputee Coalition of America retains the sole discretion to modify compensation and benefits, position, duties and other terms and conditions of employment.

Signature _____ Date _____