



EMPLOYMENT APPLICATION

If you need a reasonable accommodation in order to complete this application form, please notify Human Resources. All questions must be answered completely. A resume may be attached to the application form, but does not take the place of the information requested. **Please print and fill out.**

PERSONAL INFORMATION

Name (Last, First and Middle)				Email Address	
Present Address	City	State	Zip	Phone Number	
Permanent Address (if different)	City	State	Zip	Cell Number	
Required: Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Required: After employment, can you provide proof that you are Legally permitted to work in the United States?	
				Must provide at least 1ph# <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

NMLS # (if applicable):

Required: Position	Required: Date you can start	Required: Salary Desired	Required: Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes...		Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where? _____		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When? _____		Friend/relative you have at Acra: _____	
Exact reason(s) for leaving: _____		Person who referred you to Acra: _____	
Name of last Acra Supervisor: _____		If referred by an ad, please indicate source: _____	

EMPLOYERS – List all employers, starting with the most recent. Attach additional sheet if necessary.

Employer Name, Address and Telephone	Start Date	End Date	Job Title	Supervisor Name/Title	Job Description	Termination
<input type="checkbox"/> Check if OK for Acra to contact Exact reason(s) for leaving:						Select one <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
<input type="checkbox"/> Check if OK for Acra to contact Exact reason(s) for leaving:						<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
<input type="checkbox"/> Check if OK for Acra to contact Exact reason(s) for leaving:						<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
<input type="checkbox"/> Check if OK for Acra to contact Exact reason(s) for leaving:						<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
<input type="checkbox"/> Check if OK for Acra to contact Exact reason(s) for leaving:						<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary



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EDUCATION

High School	Location	# of Yrs Attended	Did You Graduate?	Course/Major/Minor Studied
College(s)	Location	# of Yrs Attended	Did You Graduate?	Course/Major/Minor Studied
Graduate School	Location	# of Yrs Attended	Did You Graduate?	Course/Major/Minor Studied
Trade/Business School	Location	# of Yrs Attended	Did You Graduate?	Course/Major/Minor Studied

MILITARY SERVICE

Describe any military service skills that may be relevant to the job to which you are applying.

PERFORMANCE OF JOB-RELATED FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying (with or without accommodation)?

☐ Yes ☐ No

REFERENCES – Please give names of three persons that you have known at least one year to whom you are not related; include at least two past/present Supervisors.

Name and Title	Relationship	Telephone	# of Years Known

AUTHORIZATION – Important: please read carefully and initial each paragraph before signing the application.

_____ "I declare under penalty of perjury that the information contained in this application and any resume or other documentation submitted is true and complete to the best of my knowledge."

_____ "I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment if discovered at a later date."

_____ "I give permission for a reference check and a credit check."

_____ "I understand that if hired I may not hold other employment unless given permission in writing by Acra Lending."

Compliance With Rules

_____ "If employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures set forth by Acra Lending."

_____ "I acknowledge that I have been provided with Acra Lending California Employment Privacy Notice"

Agreement for At-Will Employment

_____ "I understand and acknowledge that my employment will be at-will and may be terminated without cause and with or without notice at any time at the option of myself or Acra. Only Acra's CEO has the authority to enter into an employment agreement for a specified period of time or for and any such cause, agreement must be in writing. Except to the extent I am covered by such a written agreement, I understand and acknowledge that this constitutes the entire agreement between me and Acra's regarding the term of my employment and supercedes any other oral or written agreement."

Release

_____ "I authorize investigation of all statements contained herein and on accompanying resume, if any, and further authorize any person, school, current employer (except as noted), past employer(s) and organizations named in this Application and accompanying resume, if any, to provide CSC with records, information and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion which is truthful or made in good faith to Acra Lending."

Applicant Signature

Date