



Alternative Capital, Inc.

This is an Application for the position of Employment/Referral Partner

Job Application

Name and Address	
Name (First, MI, Last)	Social Security Number
Address	Apt #/Suite
City, State	Zip
Have you lived at the above address for two or more years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, enter the address you've had for the last two years.	
Address	Apt #/Suite
City, State	Zip
Telephone	Email
Job Type	
Select One: <input type="checkbox"/> Business Growth Consultant (Negotiable Salaried Employee) <input type="checkbox"/> Customer Service Position (\$10/hour) <input type="checkbox"/> Referral Partner (Commission Only Position)	Date Available to Begin Work
Referral Partners	
If applying as a Referral Partner, what is your company name?	Tax ID #
Does your company have Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information	
Have you ever been employed by this organization in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	



Job Application

Alternative Capital, Inc.

This is an Application for the position of Employment/Referral Partner

Education				
What is your highest level of education?		<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Master's Degree	<input type="checkbox"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate Degree	
School Information				
High School	City, State	Degree Earned	Year Graduated	Major N/A
Community College/Trade School	City, State	Degree Earned	Year Graduated	Major
Undergraduate College/University	City, State	Degree Earned	Year Graduated	Major
Graduate School	City, State	Degree Earned	Year Graduated	Major
Graduate School	City, State	Degree Earned	Year Graduated	Major
Work History				
Position/Title		Start Date	End Date	
Company				
Address		Suite		
City, State		Zip		
Name of Supervisor		Telephone		
Roles, Responsibilities, Accomplishments, and Promotions				
Reason for Leaving				
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	



Alternative Capital, Inc.

This is an Application for the position of Employment/Referral Partner

Job Application

Position/Title	Start Date	End Date
Company		
Address	Suite	
City, State	Zip	
Name of Supervisor	Telephone	
Roles, Responsibilities, Accomplishments, and Promotions		
Reason for Leaving		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position/Title	Start Date	End Date
Company		
Address	Suite	
City, State	Zip	
Name of Supervisor	Telephone	
Roles, Responsibilities, Accomplishments, and Promotions		
Reason for Leaving		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a cover letter? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Alternative Capital, Inc.

This is an Application for the position of Employment/Referral Partner

Job Application

Details	
Why are you the best candidate for this position?	
References	
Name	Nature of Relationship
Telephone	Email
Name	Nature of Relationship
Telephone	Email
Name	Nature of Relationship
Telephone	Email
Name	Nature of Relationship
Telephone	Email

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date