ASL REGISTRY PROGRAM

Registry APPLICATION

ASL Registry P.O. Box 41648, Sacramento, California 98541 (916) 594-2456

The ASL Registry Program is designed to assist the applicant in training on topics of ASL and to provide a deeper understanding on how to best serve the Deaf Plus community (Deaf with Intellectual and Developmental Disabilities). The completion of this training program, along with a cleared background check, will allow you to be placed on the ASL Registry as someone who is vetted for hire by vendors of ACRC.

ASL Registry is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below:

<u>Applicant Information</u>	
Applicant Name:	
Address:	
City, State and Zipcode:	
Telephone Number:	
Email Address:	@

Employment Position

Position(s) applying for: ASL Registry Staff

How did you hear about this position? (from friends or social media or news or?)_____

On what date can you start working if you are registered with ASL Registry Program? ______

Do you have reliable transportation to and from work? Yes ___ No___.

Personal Information

Are you 18 years of age or older? Yes_ No_.

Are you a U.S. citizen or approved to work in the United States? Yes_ No_

What document can you provide as proof of citizenship or legal status? ____

Will you consent to a mandatory controlled substance test? Yes__No__ Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes__No__. If yes, please state the nature of the crime(s), when and where you were convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: ASL Registry complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

Previous Employment

Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed:

Employer Name:

Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed:

Employer Name:

Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed:

<u>References</u>

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information	

Additional Information:

ASL Registry	Staff	Signature:
Dated:		