

# ACA

# International

## Application for Employment



ACA<sup>TM</sup>

INTERNATIONAL

The Association of Credit  
and Collection Professionals

All applicable sections of the application must be completed prior to consideration for employment with ACA or any of its subsidiaries, divisions or affiliated companies.

All information requested on this form is used solely to evaluate your ability to perform the job for which you are applying. It is the policy of ACA and all of its subsidiaries, divisions and affiliates not to discriminate in any way against any applicant or employee because of race, color, creed, religion, sex, age, national origin, marital status, sexual preference or disability, and to comply with all applicable federal, state and local anti-discrimination laws.

AN EQUAL OPPORTUNITY EMPLOYER—M/F/H

ACA International  
4040 W. 70th Street  
P.O. Box 390106  
Minneapolis, MN 55439-0106  
(952) 926-6547

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

**Personal**

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
HOW LONG HAVE YOU BEEN AT THIS ADDRESS?	TELEPHONE	ARE YOU 18 YEARS OF AGE OR OLDER?	

**General**

POSITION(S) DESIRED	WAGES DESIRED
Would you work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you work part-time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If part-time, specify days and hours	When are you available to work?
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Yes  No

**Skills**

General:  Word-processing  Receptionist

Computer:  IBM compatible  Macintosh

Proficient in:  Microsoft Word  Excel  PowerPoint  QuarkXPress  Other (please specify)

LIST ANY EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY:

**Educational Background**

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School				
College/University				
Graduate School				
Business/Trade/Vocational Technical				

**Work Experience**

COMPANY NAME AND ADDRESS	TELEPHONE
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FROM MO/YR	TO MO/YR	POSITION(S) HELD
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DESCRIBE YOUR DUTIES

RATE OF PAY Start \$ _____ per _____	RATE OF PAY End \$ _____ per _____	NO. OF HOURS WORKED PER WEEK	REASON FOR LEAVING
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SUPERVISOR'S NAME	SUPERVISOR'S POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME AND ADDRESS	TELEPHONE
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FROM MO/YR	TO MO/YR	POSITION(S) HELD
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DESCRIBE YOUR DUTIES

RATE OF PAY Start \$ _____ per _____	RATE OF PAY End \$ _____ per _____	NO. OF HOURS WORKED PER WEEK	REASON FOR LEAVING
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SUPERVISOR'S NAME	SUPERVISOR'S POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME AND ADDRESS	TELEPHONE
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FROM MO/YR	TO MO/YR	POSITION(S) HELD
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SUPERVISOR'S NAME	SUPERVISOR'S POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME AND ADDRESS	TELEPHONE
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FROM MO/YR	TO MO/YR	POSITION(S) HELD
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SUPERVISOR'S NAME	SUPERVISOR'S POSITION	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Professional References**

List the names of professional references such as former employers or professional colleagues who have known you for at least two years—preferably not relatives.

NAME	ADDRESS	TELEPHONE	OCCUPATION

**Please read and sign the back of this form**

**To be read and signed by applicant**

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I AGREE AND UNDERSTAND THAT:

1. Any omission or misrepresentation of information submitted above or in connection with my employment or application for employment shall be considered sufficient reason for rejection of my application or the immediate termination of my employment.
2. During the pendency of my application and throughout the term of my employment, ACA or its agents may investigate my background through any investigative or credit agencies or bureaus, any past employers, or other sources of ACA's choice to ascertain any and all information of concern to ACA. Whether the same is of record or not, I hereby release ACA, its agents and persons named herein from all liability for damages on account of furnishing such information and I waive any right I might have to be notified by previous employers as to their reference responses.
3. I will furnish such additional information and complete such examinations as may be required to complete my employment application.
4. This application for employment in no way obligates ACA to employ me.
5. Either I or ACA may terminate my employment at any time with or without cause.
6. I hereby certify that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.
7. All company policies, procedures and documents related to the terms and conditions of employment are subject to modifications by ACA or its agents without notice and are not intended nor should they be construed as establishing an express or implied promise or contract of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_