

# Boston ACE

## Job Application Form

Form J1-A Rev. 040107

Applying for (describe job position):				Today's Date:		<p>Attach here a photo taken within the last six months. You can also submit the photo to us by e-mail. It does not have to be a passport photo but you will need a passport photo later if you are applying for an overseas job.</p>		
Name:		Last:		First:			Middle:	
Date of birth:			Place of Birth:		Social security number:			
Phone:			Fax:		E-mail:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Do you currently have valid passport? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Preferred Starting Date: <input type="checkbox"/> ASAP <input type="checkbox"/> (Date mm/yyyy):				Earliest Possible Starting Date: <input type="checkbox"/> ASAP <input type="checkbox"/> (Date mm/yy):				
Citizenship: <input type="checkbox"/> 1. United States <input type="checkbox"/> 2. Permanent Resident of the U.S. <input type="checkbox"/> 3. Canada <input type="checkbox"/> 4. Permanent resident of Canada <input type="checkbox"/> 5. Other, specify				Ethnic Code (optional): <input type="checkbox"/> 1. Black Non-Hispanic <input type="checkbox"/> 2. Native American <input type="checkbox"/> 3. Asian or Pacific Islander <input type="checkbox"/> 4. Hispanic <input type="checkbox"/> 5. White Non-Hispanic				
Address		Current mailing address: Street, City, State, Zip					Permanent address: (if different from current address)	
		Degree(s) (above college level)					Major(s):	
Education		College(s): Names and addresses					Date(s) of graduation:	
		Any other notable certificate:				Job experience:		
Emergency Contact:		Name:				Address:		
		Relationship:						
		Phone:		Fax:				
If this is a position to work overseas, would you be able to make commitment to work at least one year upon agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, how long?								
I certify that all of the above information concerning myself and my background are true to the best of my knowledge.								
Signature:						Date:		

# Boston ACE Medical Form

Form J1-B Rev. 040107

To the applicant: Please provide correct information for the following questions. Any omission or false information will delay processing of your application. All applicants will be required to submit an official medical report from a practicing physician before the interview.

1. Did you consult with a physician in the past one year period?

Yes  No If yes, please give the date of visit and explain.

2. Have you had any serious ailment, injuries or diseases in the past five years?

Yes  No If yes, please explain.

3. Have you been hospitalized in the last two years?

Yes  No If yes, please explain.

4. Have you ever been treated by a doctor for any mental, emotional, or nervous disorder?

Yes  No If yes, please explain and attach a report from your doctor.

5. Have you ever been addicted to any substance?

Yes  No If yes, please explain.

6. Do you have any allergies?

Yes  No If yes, please list them.

7. Are you taking any prescribed medication?

Yes  No If yes, please list and explain why.

8. Are you on a special diet?

Yes  No If yes, please explain in details.

The answers I have given are true and correct to the best of my knowledge.

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

# Statement of Purpose

*Optional*

Boston ACE Form J1-C Rev. 040107

Use this space to write about yourself. Feel free to use a separate sheet if you prefer.