

APPLICATION For Employment

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name:	First Name:	M.I.:
Address: Number & Street:	City:	State: Zip:
Telephone Number:	Cell Phone:	
E-Mail:	Social Security Number:	- -

Best time to contact you at home?	_____ - _____ (AM/PM)
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

May we contact your current employer? Yes No

Can you travel if the job requires it? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available for work: _____ Days/Hours available for work: _____

EDUCATION

School Name	Address:	Number of Years:	Degree/ Diploma
High School:			
College:			
College:			
Trade School:			
Other:			

Other Skills and Qualifications

Licenses/Certifications:

Do you speak, write or understand any foreign languages? Yes No

If yes, which languages? _____

Other skills or training:

_____ -

EMPLOYMENT HISTORY

Please provide all employment information for the past 10 years starting with the most recent. You may attach a supplemental sheet if needed.

Employer:	Position Held:
Address:	Telephone:
Immediate Supervisor and Title:	
Dates employed from:	To:
Job Duties:	
Reason for Leaving:	Hours worked per week:
Employer:	Position Held:
Address:	Telephone:
Immediate Supervisor and Title:	
Dates employed from:	To:
Job Duties:	
Reason for Leaving:	Hours worked per week:
Employer:	Position Held:
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Immediate Supervisor and Title:	
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Immediate Supervisor and Title:	
Dates employed from:	To:
Job Duties:	
Reason for Leaving:	Hours worked per week:

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I am aware that my employment with Tri-County Independent Living, Inc. is at-will and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the employment relationship with or without cause, at any time.

I understand that it is the policy of this agency not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. All persons interested in or having personal experience with disability issues are encouraged to apply.

Signed: _____ Date: _____