



West-Central Independent Living Solutions

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone: (_____) _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

If no, please describe the function that cannot be performed: _____

Are you 18 years of age or over? Yes No

Please list any relatives or friends that work for WILS: _____

If hired:

Would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No If no, please explain: _____

Do you have transportation to/from work available to you? Yes No

Are you willing to submit to a controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, explain: _____

Do you speak any foreign languages? Yes No If yes, explain: _____

Indicate any experience, training, qualifications, or skills which you feel should be brought to our attention that may make you especially suited for working at WILS: _____

Education

High School: _____ From: _____ To: _____ Did you graduate? Yes No
Address: _____

College/University: _____ From: _____ To: _____
Did you graduate? Yes No Degree earned: _____
Address: _____

Vocational School: _____ From: _____ To: _____
Did you graduate? Yes No Degree/certificate earned: _____
Address: _____

Previous Employment

1. Company: _____ Phone: (____) _____
Address: _____
Job Title: _____ Supervisor: _____
Worked From: _____ To: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____
May we contact your previous employer for a reference? Yes No

2. Company: _____ Phone: (____) _____
Address: _____
Job Title: _____ Supervisor: _____
Worked From: _____ To: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____
May we contact your previous employer for a reference? Yes No

3. Company: _____ Phone: (____) _____
Address: _____
Job Title: _____ Supervisor: _____
Worked From: _____ To: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____
May we contact your previous employer for a reference? Yes No

References

Please list three references, not related to you.

1. Full Name: _____ Phone: (____) _____
In what capacity and for how long have you known this person: _____

2. Full Name: _____ Phone: (____) _____
In what capacity and for how long have you known this person: _____

3. Full Name: _____ Phone: (____) _____
In what capacity and for how long have you known this person: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposefully withheld any information that might adversely affect my changes for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the reference I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ Date: _____