



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 accommodation? 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: \_\_\_\_\_

## Disclaimer and Signature

### Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposefully withheld any information that might adversely affect my chances 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: \_\_\_\_\_

*West-Central Independent Living Solutions is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.*