# WNY INDEPENDENT LIVING, INC.

### Employment Application

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |
| Phone |  | E-mail Address |  |
| Date Available |  | Desired Salary |  |
| Position Applied for |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
|  |  |  |  |  |
| Education |
| High School |  | Address |  |
| Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other | Address |  |
| Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Commercial Drivers License | YES [ ]  | NO [ ]  | ID # |  |

 |
| References |
| Please list two professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone | ( ) |
| Address |  |
| Please list two character references |
| Full Name |  | Phone | ( ) |
| Address |  | Relationship |  |
| Full Name |  | Phone | ( ) |
| Address |  | Relationship |  |

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| --- |
| **PREVIOUS EMPLOYMENT** |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Employment Dates: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title |  |  |  |  |  |
| Responsibilities |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Employment Dates: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title |  |  |  |  |  |
| Responsibilities |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Employment Dates: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title |  |  |  |  |  |
| Responsibilities |  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.If applying for a driving position:By signing this application, I understand that my license number will be used to obtain a Motor Vehicle Report from the Department of Motor Vehicles to review my driving record.    |
| Signature |  | Date |  |

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| --- |
| For Office Use Only: |

First Interview Date:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Second Interview Date:\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Professional References Checked:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

 Results:

Date Professional References Checked:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

 Results:

If applying for driving position, date driving record checked: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Results:

Any other applicable comments or information:

If hired, starting date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor's Signature

IL Section 7: Emp Application\_140423