# WNY INDEPENDENT LIVING, INC.

### Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |  | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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 | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |

|  |
| --- |
| 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