

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 <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION			
High School	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree		
College	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree		
Other	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree		
Commercial Drivers License	YES <input type="checkbox"/> NO <input type="checkbox"/>	ID #	
REFERENCES			
<i>Please list two professional references.</i>			
Full Name	Relationship		
Company	Phone ()		
Address			
Full Name	Relationship		
Company	Phone ()		
Address			
<i>Please list two character references</i>			
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 <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Employment Dates:	FROM: _____	TO: _____
Job Title		
Responsibilities		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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