

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