

# 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		How did you hear about this position?	
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 Driver's License (CDL)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ID #
REFERENCES			
<i>Please list two (2) professional references.</i>			
Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			
<i>Please list two (2) 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		
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Responsibilities

May we contact your previous supervisor for a reference?  Yes  No

Company	Phone ( )
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Address	Supervisor
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Employment Dates: FROM: _____	TO: _____
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Job Title		
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Responsibilities

May we contact your previous supervisor for a reference?  Yes  No

Company	Phone ( )
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Address	Supervisor
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Employment Dates: FROM: _____	TO: _____
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Job Title		
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Responsibilities

May we contact your previous supervisor for a reference?  Yes  No

**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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Supervisor's Signature