



Veteran of the U.S. Military Service?  Yes  No If yes, what Branch? \_\_\_\_\_

**EDUCATION**

Name & Location of School	Major/ Degree (Describe course of study)	Years Completed (circle)	Did you Graduate?
Elementary School		4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training or Education:			

**EMPLOYMENT EXPERIENCE**

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Please provide the following requested information regarding your employment history for up to the last ten years: Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, ancestry, age, disability or other protected status.

Most Recent Employer	Address	Telephone
Dates Employed From: _____ To: _____	Starting Position (Describe duties)	
Hourly Rate / Salary Starting: _____ Final: _____ Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No Last Bonus: _____	Position on Leaving (Describe duties)	
Name and Title of Supervisor	Reason for Leaving	
Previous Employer	Address	Telephone
Date Employed From: _____ To: _____	Starting Position (Describe duties)	
Hourly Rate / Salary Starting: _____ Final: _____ Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No Last Bonus: _____	Position on Leaving (Describe duties)	
Name and Title of Supervisor	Reason for Leaving	

Previous Employer		Address	Telephone
Dates Employed From: _____ To: _____		Starting Position (Describe duties)	
Hourly Rate / Salary Starting: _____ Final: _____ Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No Last Bonus: _____		Position on Leaving (Describe duties)	
Name and Title of Supervisor		Reason for Leaving	
Previous Employer		Address	Telephone
Date Employed From: _____ To: _____		Starting Position (Describe duties)	
Hourly Rate / Salary Starting: _____ Final: _____ Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No Last Bonus: _____		Position on Leaving (Describe duties)	
Name and Title of Supervisor		Reason for Leaving	

Have you ever been discharged by an employer?  Yes  No

If yes, please explain all terminations: \_\_\_\_\_

List all periods during which you were unemployed: \_\_\_\_\_

How did you spend this time? \_\_\_\_\_

**If you need additional space please attach a separate sheet**

**List professional, trade, business, or civic activities and offices held. (You may exclude memberships that would reveal race, color, religion, gender, age, ancestry, national origin, disability or other protected status):**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List 3 business references, including at least two direct Supervisors:

Name	Business	Telephone #	Address	Years Acquainted
1. _____				
2. _____				
3. _____				

**APPLICANT'S STATEMENT**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Resource Center for Independent Living to make an investigation of any of the facts set forth in this application. I agree to immediately notify RCIL if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment, if hired.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted RCIL policies.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that this application does not create a contract of employment. I understand that, if hired, employment at RCIL is "at will," which means that either I or the organization can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Organization, other than the Executive Director, has any authority to alter the foregoing.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tell us below in one or two paragraphs why you think you should be selected for this position. Please include your job goals and what you are looking for from our organization and from the position.

**If you need additional space, please attach a separate sheet.**