Resource Center for Independent Living, Inc. APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected classification.

(PLEASE PRINT)	Date of Application		
Position(s) applied for			
Referral Source:			
Referral Source: ☐ Advertisement ☐ Friend		ncy 🗆 Other	
Name			
Last	First		Middle
AddressNo. Street	C'L .	Chaha	7: C- 1-
No. Street	City	State	Zip Code
Telephone number ()	Social Security Num	ber	
Are you 18 years of age or older? ☐ Yes ☐ No	If no, can you furnis	sh a work permit? 🗆 \	∕es □ No
Are you prevented from lawfully becoming emp ☐ Yes ☐ No (Proof of citizenship or emplo			
Have you filed an application or worked here be dates:			
Have you been told the essential functions of the the essential functions of the job? ☐ Yes ☐		own a copy of the job	description listing
Can you perform these essential functions with	or without reasonable acco	mmodation? □ Yes	□ No
Are you applying for: □Full Time □Par	t Time □Temporar	у	
Wage or salary desired? \$ When ca	an you start?	_ Number of hours de	esired?
Are you willing to work overtime as required?	□ Yes □ No		
Specify your hourly availability for each day of t	he week:		
Sunday Monday Tuesday	Wednesday Thursday	r Friday	Saturday
Can you travel if the job requires it? ☐ Yes ☐	□ No		
Have you ever been convicted of a crime within			
necessarily disqualify an applicant for employmerecords.) If yes, describe conditions:	ent. Applicants are not obli	gated to disclose sealed	d or expunged

	Name & Location of School	Major/ (Descri	Degree be course of study)		ars C rcle)	-	oleted	Did you Graduate?
Elementary School				///			7 8	□ Yes □ No
High School				9	10	11	12	□ Yes □ No
College/University				1	2	3	4	□ Yes □ No
College/University				1	2	3	4	□ Yes □ No
Other Training or E	ducation:	.						
Include military	ne following requested inform service assignments and volur ion, gender, national origin, a	nteer activit	ties. You may exclude of	orgar	nizati	on n	ames tha	
Most Recent Emplo	yer		Address				_	Геlерhonе
Dates Employed			Starting Position (Des	cribe	duti	es)		
From:	To:							
Hourly Rate / Salar	•		Position on Leaving (I	Descr	ibe d	luties	5)	
Starting: Bonus □ Yes □ N	Final: o Last Bonus:							
Name and Title of S			Reason for Leaving					
Previous Employer			Address					Telephone
Date Employed			Starting Position (Des	cribo	duti	oc)		
From:	To:		Starting Fosition (Des	CHIDC	uuu	C3)		
Hourly Rate / Salar Starting:	y Final: o Last Bonus:		Position on Leaving (I	escr	ibe d	luties	5)	
Bonus 🗆 Yes 🗆 N			December Leaving					
Name and Title of S	Supervisor		Reason for Leaving					

Previous Employer		Address	Telephone
Datas Familional		Charting Desition (Des	and a ductor
Dates Employed From:	То:	Starting Position (De	scribe duties)
Hourly Rate / Salar	•	Position on Leaving ((Describe duties)
Starting: Bonus □ Yes □ N	Final: lo Last Bonus:		
Name and Title of		Reason for Leaving	
Previous Employer		Address	Telephone
Date Employed		Starting Position (De	escribe duties)
From:	To:		
Hourly Rate / Salar Starting: Bonus □ Yes □ N	Final:	Position on Leaving ((Describe duties)
Name and Title of		Reason for Leaving	
If yes, please ex	•		
How did you spe	end this time?		
-	If you need addition	al space please attach a sep	arate sheet
	real race, color, religion, ger	activities and offices held. (nder, age, ancestry, national	You may exclude memberships l origin, disability or other
REFERENCES:	List 3 business references, inclu	uding at least two direct Supervi	isors:
Name 1.	Business	Telephone # Addre	•
2. <u> </u>			
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APPLI CANT'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 polices.

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 sta	atements.
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.