



If offered a position, how soon are you available to start work? \_\_\_\_\_

I am interested in working:

- Full-Time
- Part-Time
- Fill-In

Days of Week \_\_\_\_\_

Hours I am available to work:

- 7am – 3pm
- 3pm – 11pm
- 11pm – 7 am
- Other: \_\_\_\_\_

Do you have your own transportation?

- Yes
- No

Can you furnish a valid driver's license and proof of insurance?

- Yes
- No

Can you travel if required for this position?

- Yes
- No

Have you ever applied for a position with us before?

- Yes
- No

Have you ever worked for us before?

- Yes
- No

If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

List any relatives who are present or former employees of ILI:

\_\_\_\_\_

Are you at least 18 years of age?

- Yes
- No

Have you ever been convicted of a crime, or entered a plea of no contest to a crime?

- Yes
- No





## LICENSES AND/OR CERTIFICATIONS

Complete this section only if a license and/or certification is required for the position for which you are applying. Any job offer of applicable position is made contingent upon proof of these credentials.

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued/Exp. Date: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued/Exp. Date: \_\_\_\_\_



## EMPLOYMENT HISTORY

Complete this section by listing your current and past employment history. All information must be completed even if you are providing us with a resume.

If you have ever been employed under a different name, please list:

(For reference checking purposes only): \_\_\_\_\_

Begin with most recent or current employer first.

<b>Employer 1</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			
<b>Employer 2</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			

<b>Employer 3</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			
<b>Employer 4</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			
<b>Employer 5</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			
<b>Employer 6</b>		Job Title	
City/State		Supervisor's Name	
Telephone		Ending Salary	
Employment Period	From: _____ To: _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			



## REFERENCES

Provide names of three individuals who are familiar with your work and/or academic background, not including relatives or someone currently employed with Independent Living, Inc.

Name	Occupation	Telephone
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Name	Occupation	Telephone
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Name	Occupation	Telephone
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## IN CASE OF AN EMERGENCY

Person to notify in case of emergency: \_\_\_\_\_

Relationship to you	Address	Telephone
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## ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional experiences, skills, qualifications, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of race, national origin, sex, religion, age, disability, marital status, sexual orientations, veteran status or any other characteristic protected by law.)

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***As an applicant of ILI, I understand and agree to the following:  
(Please read and initial)***

1. \_\_\_\_\_ If hired, I consent to any drug testing that may be required at any time in the course of my employment to determine my ability to perform the duties of my job with ILI.
2. \_\_\_\_\_ I hereby affirm that the information provided on this application and accompanying resume and any supporting documents, if any, is true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in discharge, even if discovered at a later date.
3. \_\_\_\_\_ I agree to adhere to ILI's Personnel Policies and Procedures and understand that violation of these Policies and Procedures may lead to my dismissal. I understand that ILI's Personnel Policy Manual is not an employment contract and does not give me employment rights.
4. \_\_\_\_\_ I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume and any supporting documents, if any) to provide relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.
5. \_\_\_\_\_ I understand the position I am applying for requires a criminal history search and background check with various agencies, to include but not be limited to the Department of Justice, Arkansas Department of Motor Vehicles, Arkansas State Police, Child Maltreatment Registry, and Adult Maltreatment Central Registry. I authorize any investigation(s) that may be required at any time in connection with an employment decision, or if I am hired, that may be required for the protection, safety and wellbeing of ILI, its consumers, or employees.
6. \_\_\_\_\_ I agree that ILI's liability to me for wages is limited to the amount earned by me as of the date of my termination. I authorize ILI to deduct any monies owed by me to ILI whenever such deduction is not prohibited by law.
7. \_\_\_\_\_ I understand that this employment application and any related ILI documents are not contracts of employment and that, if I am hired, I may voluntarily leave employment at any time for any reason and, likewise, ILI may terminate my employment at any time for any reason.
8. \_\_\_\_\_ I understand my employment is contingent upon meeting the physical requirements of the job as well as passing (to ILI's satisfaction) a post-offer medical examination, if required.

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

**INDEPENDENT LIVING, INC.  
REFERENCE CHECK FORM**

Applicants please fill out top portion of this form and sign & date at bottom

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Dates of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

I authorize all previous employers to furnish Independent Living, Inc. with the above, requested information.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**The person named above has applied for a position at our organization and has authorized release of employment information. Your release of the following information within 7 business days will be extremely helpful. We are enclosing a postage paid envelope for your convenience. We appreciate your help.**

**Are dates correct:** \_\_\_\_\_

**Responsibilities/Duties:** \_\_\_\_\_

**Quality/Quantity of work:** \_\_\_\_\_

**Ability to communicate:** \_\_\_\_\_

**Dependability:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Eligible for rehire:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Written:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**INDEPENDENT LIVING, INC.  
REFERENCE CHECK FORM**

**Applicants please fill out top portion of this form and sign & date at bottom**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**I authorize all references to furnish Independent Living, Inc. with the information requested below.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The person named above has applied for a position at our organization and has authorized release of information. Please complete and return this form.**

**How long have you known this person?** \_\_\_\_\_

\_\_\_\_\_

**In what capacity have you known this person?** \_\_\_\_\_

\_\_\_\_\_

**How would you rate this person's personal appearance 1-5 (1 being poor)?** \_\_\_\_\_

\_\_\_\_\_

**How would you rate this person's ability to communicate 1-5 (1 being poor)?** \_\_\_\_\_

\_\_\_\_\_

**How would you rate this person's ability to handle responsibility 1-5 (1 being poor)?** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Written:** \_\_\_\_ **By Phone:** \_\_\_\_