

EMPLOYMENT APPLICATION

Date: _____

APPLICANT INFORMATION		
Last Name	First	MI
Street Address		Apt/Unit #
City	State	Zip
Phone	Email Address	
Date Available	Social Sec. No.	Desired Salary
Position(s) Applying For		
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"/>		
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____		
*Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a disability which requires employment accommodations please list: _____		

EDUCATION	
High School _____	Address _____
From _____ To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____
College _____	Address _____
From _____ To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____
Other _____	Address _____

REFERENCES	
<i>Please list three professional references</i>	
Full Name _____	Relationship _____
Company _____	Phone _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone _____
Address _____	

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

DISCLAIMER AND SIGNATURE

I certify that the information I have provided is true and complete to the best of my knowledge. This application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*SIILC is an Equal Opportunity Employer. It is our policy to extend equal employment opportunities to all applicants for employment who meet the qualifications established for the position for which application is made. Particular effort will be made to identify and recruit qualified applicants who are members of a racial or ethnic minority and/or who are persons with significant disabilities. In all other regards (gender, race, ethnicity, age, religion, pregnancy, marital status, etc.) fair treatment will be afforded to all applicants for employment with proper regard for their privacy and constitutional rights as citizens.



839 S. Adams St.

Versailles IN 47042

Phone: 812-689-3753

Fax: 812-689-0804

Email: sicilhmkarea12ce@msn.com

Thank you for inquiring about employment with SIILC. Enclosed is an application for you to complete. Please return it along with this form to my attention at the above address.

SIILC is a not-for-profit organization and our employment is based upon funding availability. Most of our available positions are part time ranging from 5 to 24 hours per week. The hourly rate is commensurate upon experience, with a possible rate increase at the end of the probationary period based upon performance.

Along with the application, please answer the following questions so that we may obtain your qualifications and needs.

1. In what areas are you willing to work? _____

2. Are you willing to travel? _____
3. Are you willing to attend meetings as your position requires? _____
4. What is the minimum and maximum amount of hours you can work per week? _____
5. What days are you available? _____
6. Do you have any past independent living experience? _____
7. Are you comfortable with public speaking? _____
8. Do you have any interest in joining local organizations? Please list: _____

9. If not, would you be willing to learn from those organizations? _____
10. Can you pass an Indiana and/or County Criminal History Check? _____
11. Do you have reliable transportation? _____

Please feel free to call me should you have any questions.

Chrissy Elzy
Independent Living Program Coordinator
Southeastern Indiana Independent Living Center