



3033 WEST 2ND STREET NORTH  
WICHITA • KANSAS • 67203  
TELEPHONE/TTY 316 • 942 • 6300

**PLEASE READ BEFORE COMPLETING APPLICATION**

These positions are **Non-Medical**; no qualifications or licensing are required for this position. The Customer will contact you directly if they are interested in hiring you. **ILRC does not match or refer anyone to a Customer.**

- **To remain on the Worker Registry you must call in and speak to or leave a message for Sabrina at 316-942-6300 ext. 224 every 30 Days. Your application will be updated with the date you called in.**
- If you do not update your application your name will be removed from the Worker Registry.

**Please print clearly below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

1. Are you currently employed by a customer through ILRC? [ ] Yes [ ] No

2. Have you worked with a customer through ILRC in the past? [ ] Yes [ ] No

3. Task(s) you are willing and able to do. Please check all that apply:

- [ ] Housekeeping [ ] Shopping/Errands [ ] Cooking [ ] Feeding [ ] Dressing
- [ ] Personal Hygiene [ ] Transferring [ ] Transportation

4. Do you smoke? \_\_\_ YES \_\_\_ NO

5. Do you have a valid driver's license? \_\_\_ YES \_\_\_ NO

6. Any Lifting Limitations? \_\_\_ YES \_\_\_ NO If yes how much can you lift: \_\_\_\_\_

7. **Hours you are available to work:**

Daytime: from(AM/PM) \_\_\_\_\_ to (AM/PM) \_\_\_\_\_ Evening: from (AM/PM) \_\_\_\_\_ to (AM/PM) \_\_\_\_\_

Days you are available:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below you are authorizing Independent Living Resource Center, Inc. to release your private information to any of our current payroll Customers who request the Worker Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date