

Independent Living Resource Center

Applicant Data Record

We consider application for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-related medical condition or handicap, or any other legally protected status.

(Please Print)

Date of Application: _____

Position(s) Applied for: _____

Referral Source: Advertisement Friend Relative Walk-in

Employment Agency Other: _____

Name: _____
Last First Middle

Address: _____

Telephone: (____) _____ Social Security Number: _____

Have you ever filled out an application here before? Yes Date: _____
 No

Have you ever been employed here before? Yes Date: _____
 No

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full-time Part-time

Are you currently laid-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain: _____

Previous Employment Record:

Please start with your present or most recent job. Include military services/assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer: _____
Dates Employed from _____ to _____
Telephone:(____) _____
Address: _____
Job Title: _____
Work Performed: _____

Hourly Rate/Salary: Starting _____ Final _____
Supervisor: _____
Reason for Leaving: _____

Employer: _____
Dates Employed from _____ to _____
Telephone:(____) _____
Address: _____
Job Title: _____
Work Performed: _____

Hourly Rate/Salary: Starting _____ Final _____
Supervisor: _____
Reason for Leaving: _____

Employer: _____
Dates Employed from _____ to _____
Telephone:(____) _____
Address: _____
Job Title: _____
Work Performed: _____

Hourly Rate/Salary: Starting _____ Final _____
Supervisor: _____
Reason for Leaving: _____

Employer: _____
Dates Employed from _____ to _____
Telephone:(____) _____
Address: _____
Job Title: _____
Work Performed: _____

Hourly Rate/Salary: Starting _____ Final _____
Supervisor: _____
Reason for Leaving: _____

High School/GED College/University Graduate/Professional

School Name:

Years Completed:

Diploma/Degree:

Courses of Study:

Describe special training, apprenticeships, activities, groups, or skills that would make you a good candidate for the job you are applying: _____

Please list any experiences you have had in working with persons with disabilities:

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I acknowledge that the information I have provided is accurate, and I authorize the Independent Living Resource Center, Inc. (ILRC) to conduct reference checks. I do hereby release all references listed above to respond to questions posed by the ILRC in regards to my application for employment. If the attached information is found to be fraudulent or falsified, it will be considered ground for termination of employment. I understand that any employment that might be offered to me by the ILRC is "at will" and of indefinite duration, that either the applicant or the ILRC may terminate that employment at any time with or without notice and for any reason, and that no agreement to the contrary will be recognized by the ILRC unless such an agreement is in writing and signed by the Executive Director of the ILRC.

Signature of Applicant

Date

Government contractors are subject of 38USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept confidential. **Submission of information is voluntary.**

Check One: Male Check One: Female

Check one of the following:

Ethnic Group:
 Hispanic () Non-Hispanic

Race:
 White Black
 American Indian/ Alaskan Native
 Asian/Pacific Islander
() Other

Check any of the following that are applicable:
 Vietnam Era Veteran Disabled Veteran
 Individual with a disability

Signed: _____