



Independent Living Association, Inc.

Human Resources 110 York Street · Brooklyn, NY 11201 · Telephone (718) 852-2000 · Fax (718) 852-1564 E-mail hcjobs@ilaonline.org

Application for Employment

Please Print Clearly and Legibly

Position(s) applying for: _____ Date of Application: ____/____/____

Please select: Full-time Part-time

Please select preferred shift only

Mornings:

- 6:00am-2:00pm
- 8:00am- 4:00pm
- 9:00am-5:00pm (Office Admin. Only)

Evenings:

- 4:00pm-12:00am

Overnight:

- 12:00am-8:00am

Please Check Day(s) Available

- Sun.
- Mon.
- Tues.
- Weds.
- Thur.
- Fri.
- Sat.
- Any Day

Direct Care Counselors are required to work at least one day out of the weekend.

How Did You Learn About Us?

- Newspaper Name _____
- ILA Referral (Employee's name) _____
- School / College _____
- Website _____
- Walk-In

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Home Phone	Cell Phone	Email
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Have you ever filed an application with us before? Yes No

If yes, date: ____/____/____

Do you have any family members working for ILA? Yes No

If yes, provide name(s) _____

Do you have a valid driver's licenses? Yes No

If yes, NYS DL Other State's DL _____ (Must list state)

Do you have any violation points on your driver's license? Yes No

Are you currently employed? Yes No

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

Have you ever been employed by us before? Yes No

If yes, When and reason for leaving _____

Can you lawfully be employed in the United States? Yes No

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

Note: Criminal conviction does not automatically make you ineligible for employment.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin age, disability, marital, or military status, sexual orientation, or any other legally protected status.

We Are An Equal Opportunity Employer

Employment History: Provide the following information from your past and current employers, assignments or volunteers activities, starting with the most recent (use attached form if necessary). Explain any gaps in employment in each comment section. Do not attach resume in lieu of filling out the application. The information must be completely filled out for consideration of employment.

Employer:	Address		
Telephone #:	Job Title:	Supervisor Name & Title	
Reason for Leaving:			
May We Contact for Reference (Please Circle):	Yes	No	Later
Start Date:	End Date:		
Summarize the Type of Work Performed:			
Comments, Including Explanation of Any Gaps in Employment:			

Employer:	Address		
Telephone #:	Job Title:	Supervisor Name & Title	
Reason for Leaving:			
May We Contact for Reference (Please Circle):	Yes	No	Later
Start Date:	End Date:		
Summarize the Type of Work Performed:			
Comments, Including Explanation of Any Gaps in Employment:			

Employer:	Address		
Telephone #:	Job Title:	Supervisor Name & Title	
Reason for Leaving:			
May We Contact for Reference (Please Circle):	Yes	No	Later
Start Date:	End Date:		
Summarize the Type of Work Performed:			
Comments, Including Explanation of Any Gaps in Employment:			

Important Notice to Applicant

Please Read This Notice and Consent Form Very Carefully Before Signing

I certify that all statements and answers in this application are true, complete and made without any reservations or evasions. I understand that any false or incomplete statements or omissions of requested information in this application may result in my immediate discharge if I become employed by **Independent Living Association, Inc.**

In order to assist **Independent Living Association, Inc.** in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information specifically described below.

Request, Authorization and Consent to Release Employment Information and Education Records

I understand that **Independent Living Association, Inc.** will conduct a thorough and complete background investigation including fingerprinting, education, criminal, and driver's license. Credit checks will be completed if applicable. I also authorize investigation of all statements made in this application.

I hereby request and consent to the release and disclosure of educational records from any and all public or private institutions that I have attended to **Independent Living Associations, Inc.** including: professional or vocational license; my academic record; courses attended; grades; diplomas; degrees; or other honors conferred.

I authorize all current and previous employers, personal references to furnish to **Independent Living Association, Inc.** information regarding my employment record including but not limited to: positions held; dates of employment; last pay rate; work performance; disciplinary records; reliability; any incidents of dishonesty, insubordination, violence, sexual harassment, and/or unsafe, harmful or threatening behavior.

I also authorize the aforementioned to respond to verbal and written inquiries from **Independent Living Association, Inc.** I, hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person's corporations or organizations for furnishing such information.

Independent Living Association, Inc. does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I agree that if hired I will follow all company policies, rules, procedures and all other directives within the realm of my job responsibilities. I also understand that if I am hired I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing
and seek employment under these conditions.

Signature of Applicant: _____ Date: ___/___/___