

# INDEPENDENCE PLUS, INC. EMPLOYMENT APPLICATION

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

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

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

Phone: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are You a citizen of the United States?  Yes  No

If not, do you have work papers? \_\_\_\_\_

Do you voluntarily identify yourself as a veteran for reporting purposes?  Yes  No

## EDUCATION

(name and location of school)

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Bus./ Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Col / Univ.: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Grad. / Prof.: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

(begin with most recent employment)

### *Most recent*

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

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### *Previous Employer*

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

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

*Previous Employer*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

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

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

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

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

Who referred you to us? (person or agency): \_\_\_\_\_

Summarize your special skills or qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Check here if you agree      Date: \_\_\_\_\_

**For Department Use Only**

Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_