



345 Meriden Road  
 Waterbury, CT 06705  
 Phone: (203)-757-5890 Fax: (203) 591-8409

APPLICATION FOR EMPLOYMENT

INDEPENDENT LIVING SOLUTIONS IS AN EQUAL OPPORTUNITY AFFIRMITAVE ACTION EMPLOYER

Position(s) or type of work applied for: \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_

Last Name		First Name		Middle Initial
Street Address				Social Security Number
City	State	Zip	Telephone Number(s) Home ( ) Cell ( )	
Email Address				Availability for Work Full Time ____ Part-Time ____ Per Diem _____
Drivers License Number		State	Do you have reliable Transportation? Yes _____ No _____	
Have you used other names and/or maiden name in previous jobs? (Please specify)				
Can work shifts indicated. Please indicate preference: 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ Any _____ Nights _____ Weekends _____				

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE AGAINST CIVIL OR MILITARY LAW, FORFIETED BOND OR COLLATERAL, OR ARE THERE CRIMINAL CHARGES PENDING AGAINST YOU? (EXCLUDE MINOR TRAFFIC VIOLATIONS OR ANY OFFENSE SETTLED IN JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW).**  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES PLEASE LIST ALL CONVICTIONS AND / OR CHARGES AND ATTACH AN EXPLANATION OF EACH ONE.**  
 List:

**SPECIAL NOTE:**  
 YOU ARE NOT REQUIRED TO DISCLOSE THE EXISTENCE OF ANY ARREST, CRIMINAL CHARGES OR CONVICTION, THE RECORDS OF WHICH HAVE ERASED PURSUANT TO CONNECTICUT GENERAL STATUTES 46B-146, 54-76o, OR 54-142A. IF YOUR CRIMINAL RECORDS HAVE BEEN ERASED PURSUANT TO ONE OF THESE STATUTES, YOU MAY SWEAR UNDER OATH THAT YOU HAVE NEVER BEEN ARRESTED. CRIMINAL RECORDS THAT MAY BE ERASED ARE RECORDS PERTAINING TO A FINDING OF DELIQUENCY OR THAT A CHILD WAS THE MEMBER OF A FAMILY WITH SERVICE NEEDS (C.G.S. 46B-146), AN ADJUDICATION AS A YOUTHFUL OFFENDER (C.G.S. 54-76o), A CRIMINAL CHARGE THAT HAS BEEN DISMISSED FOR WHICH THE PERSON HAS BEEN FOUND NOT GUILTY, OR A CONVICTION FOR WHICH THE PERSON RECEIVED AN ABSOLUTE PARDON (C.G.S. 54-142A).

ILS CONDUCTS A CRIMINAL HISTORY BACKGROUND CHECK ON ALL NEW EMPLOYEES

Have you ever filed an application with ILS before?	Yes ____ No ____	If Yes give date _____
Indicate in the box below your preferred work locations. (circle all that apply)		Other: (please specify)
New Haven Area   Waterbury Area   Torrington Area   Hartford Area   Danbury Area		
May we contact your present employer?   Yes _____ No _____		



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<b>Work Experience</b>			
Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month ____ Year ____	To Month ____ Year ____	Salary or Hourly Wage \$ _____ per _____
Duties (must be listed)			
Reason for Leaving:			
Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month ____ Year ____	To Month ____ Year ____	Salary or Hourly Wage \$ _____ per _____
Duties (must be listed)			
Reason for Leaving:			
Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month ____ Year ____	To Month ____ Year ____	Salary or Hourly Wage \$ _____ per _____
Duties (must be listed)			
Reason for Leaving:			

<b>Education</b>					
School Name	Location	Dates Attended	Major Course of Study	Did you Graduate?	Type of Degree Received
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	
OTHER LICENSES/ CERTIFICATES:				Date issued:	Expiration:
Do you speak, read or write a language other than English? Yes ___ No ___		If yes specify language:			





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<b>Personal References</b>			
Name	Relationship	Address	Phone
<b>Professional References</b>			

**RELEASE OF INFORMATION AUTHORIZATION**

(A photocopy of this signed for is acceptable authorization)

I \_\_\_\_\_ (print name) do hereby give permission for the release of any and all information from employment, education, and personal references to Independent Living Solutions, for the sole purpose of conducting an employment check for the position of \_\_\_\_\_.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**CERTIFICATION**

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information or conviction records are subject to verification as a condition of employment. I also understand that acceptance may be subject to my passing a physical evaluation.

<b>Signed:</b> _____	<b>Date:</b> _____
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**VOLUNTARY SURVEY**

**How did you learn about ILS?**

Advertisement \_\_\_ Connecticut Job Service \_\_\_ Community Agency \_\_\_  
 ILS Employee \_\_\_ (name) \_\_\_\_\_ Walk-in \_\_\_ CTHealthjobs.org \_\_\_ Other (specify) \_\_\_\_\_

In order to meet state and federal requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

**Sex:** Male \_\_\_ Female \_\_\_

**Race / Ethnic Data**

White \_\_\_ Hispanic \_\_\_ American Indian/Alaskan Native \_\_\_ Black \_\_\_ Asian/Pacific Islander \_\_\_ Other \_\_\_

Veteran Status \_\_\_\_\_