



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
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Street Address	Social Security Number
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City	State	Zip	Telephone Number(s) Home () Cell ()
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Email Address	Availability for Work Full Time ____ Part-Time ____ Per Diem _____
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Drivers License Number	State	Do you have reliable Transportation? Yes _____ No _____
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Have you used other names and/or maiden name in previous jobs? (Please specify)

Can work shifts indicated. Please indicate preference:
 1st _____ 2nd _____ 3rd _____ 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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Personal References			
Name	Relationship	Address	Phone
Professional References			

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 -PLEASE READ BEFORE SIGNING!

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, dismissal or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as may be prescribed by law. 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 and or pre-employment drug screen.

Signed:

Date:

QUESTIONNAIRE

Have you been convicted of a crime involving violence or dishonesty in a state court or federal court in any state, or was subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possessions or territory or a foreign jurisdiction? Yes No

Signature Attesting to above questionnaire: _____