



Community Living, Inc.

APPLICATION FOR EMPLOYMENT

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

(Please Print)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: _____ a.m. p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If yes, give date _____

Have you ever been employed/contracted with us before? YES NO
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? YES NO
If yes, state name, relationship and location _____

Are you currently employed? YES NO

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

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Please indicate 1 2 3 shift
 Part Time Please indicate Mornings Afternoons Evenings

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if required? YES NO

Would you be willing to use your vehicle for work related activities? YES NO

In case of emergency or accident, please contact Name _____ Relationship to you _____

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Phone Number Home _____

Work _____

EDUCATION

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone No.			
Starting /Present Job Title	Hourly Rate/Salary		
Supervisor	Beginning	End	
Reason for Leaving	May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone No.			
Starting /Present Job Title	Hourly Rate/Salary		
Supervisor	Beginning	End	
Reason for Leaving	May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone No.			
Starting /Present Job Title	Hourly Rate/Salary		
Supervisor	Beginning	End	
Reason for Leaving	May We Contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Comments: Include explanation of any gaps in employment.

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Community Living, Inc.

Signature of Applicant

Date

Community Living, Inc.
333 Guthrie, Suite 308
Louisville, KY 40202
(502) 585-5272
Fax: (502) 585-5277
E-Mail: lshields@communitylivinginc.com

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