

INSPIRED LIVING, LLC

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
List all addresses outside KY during past 12 months:			
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION			
High School		Address	
Circle last year completed 1 2 3 4	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
REFERENCES (Please list three professional references)			
1. Name		Relationship	
Company		Phone ()	
Address			
2. Name		Relationship	
Company		Phone ()	
Address			
3. Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT *(List your last three employers, starting with the last one first)*

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

GENERAL

Job-related Certifications:
Computer Skills:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why are you interested in working for Inspired Living?

2. What experiences do you have in working with people with intellectual and/or developmental disabilities, if any?

3. What are your career goals?

4. What are the three most important things you look for in a company and/or job?

5. What times are you available for work?

		WEEKDAYS	WEEKENDS
Day shift	9:00 am to 5:00 pm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evening shift	5:00 pm to 1:00 am	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Night shift	1:00 am to 9:00 am	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization: I certify that all statements in this application (and accompanying resume, if any) are true and complete, and any false statement or omission is cause for refusal to hire or dismissal if I have been employed. I authorize the Company to conduct a thorough background investigation on me and I authorize my former employers and references to disclose information regarding my employment and character. In addition I release the Company, any former employers and all references from any and all claims, demands, or liabilities arising out of disclosure.

I understand and agree that if I am hired, my employment will be "at will" and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. I understand that no offer or promise of employment has been made and no such offer or promise is binding upon the Company unless made in writing by an authorized representative. I further understand and agree to submit to drug testing prior to start of work. If hired, I also agree to submit to drug testing at any time as a condition of continued employment and agree to abide by the Company's Drug and Alcohol Policy.

Applicant Signature _____ **Date** _____