



**Resource Center for Independent Living**  
 401 - 409 Columbia St, PO Box 210, Utica, NY 13503-0210  
 (315) 797-4642 Voice  
 (315) 797-5837 TDD/TTY  
 (315) 797-4747 Fax

**Application For Employment**

*Thank you for your interest in employment with the Resource Center for Independent Living ("Company"). It is our policy to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a mental or physical disability, sexual orientation, military status, or any other legally protected status.*

**Personal Information**

Name \_\_\_\_\_  
 (last) (first) (middle)

Address \_\_\_\_\_  
 (street) (city) (state) (zip code)

Dates you have lived at this address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**List previous addresses for the last seven years (use back of application if required)**

\_\_\_\_\_  
 (street) (city) (state) (zip code)

Dates you lived at this address: \_\_\_\_\_

\_\_\_\_\_  
 (street) (city) (state) (zip code)

Dates you lived at this address: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Wages or Salary Expected: \$ \_\_\_\_\_ per Hr Wk Month

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you previously been employed by RCIL? Yes \_\_\_ No \_\_\_ If "Yes", when? \_\_\_\_\_

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please Specify: \_\_\_\_\_

Do you have any relatives who are presently employed, or have formerly been employed by RCIL? Yes \_\_\_ No \_\_\_ If "Yes", please specify: \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

**Education History**

Type	School Name/Location	Course of Study	Years Completed	Degree/Diploma
High School				
College				
College				
Tech. Training				

**US Military**

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Training/Experience Received \_\_\_\_\_

Are you enrolled in Military Reserve? Yes \_\_\_ No \_\_\_

**Work Availability**

When are you available to start work? \_\_\_\_\_

Are you available for full time or part time work? Full Time \_\_\_ Part time \_\_\_

Can you work overtime without prior notice? Yes \_\_\_ No \_\_\_ On Occasion \_\_\_

Can you travel if required by this position? Yes \_\_\_ No \_\_\_ On Occasion \_\_\_

If transporting a consumer is needed, can you? Yes \_\_\_ No \_\_\_ On Occasion \_\_\_

Please indicate below the days and hours that you are available to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Answering “Yes” to one or both of the following questions will not necessarily result in the denial of employment:

- Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes \_\_\_ No \_\_\_  
 If “Yes”(List all; use separate sheet of paper if required): Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Convicted of (please explain): \_\_\_\_\_

- The Company conducts a check of a prospective employee’s driving record if the individual may be required to drive as part of his or her employment. The positions which may require driving are: Service Coordinator, Intensive Case Manager, Consumer Directed (staff), and Independent Living Skills Trainer. If you are applying for one of these positions, please answer the following question:  
 Have you ever been convicted of any moving or other traffic violation (i.e., DWI, DUI, speeding, etc.) that resulted in the suspension or revocation of your driver’s license? Yes \_\_\_ No \_\_\_  
 Nature of violation(s): \_\_\_\_\_

## Employment History

<b>Company Name</b> (Current or most recent employer) _____ Address _____ Manager/Supervisor _____ Telephone _____ _____ May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	Position Held: _____ Dates Employed: From _____ To _____ Wage/Salary _____ _____
<b>Company Name</b> _____ Address _____ Manager/Supervisor _____ Telephone _____ _____ May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	Position Held: _____ Dates Employed: From _____ To _____ Wage/Salary _____ _____
<b>Company Name</b> _____ Address _____ Manager/Supervisor _____ Telephone _____ _____ May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	Position Held: _____ Dates Employed: From _____ To _____ Wage/Salary _____ _____

## References

Provide names of three individuals who are familiar with your work and/or academic background. Individuals listed should not be relatives or currently employed by the Company.

Name	Address	Phone Number	Occupation

(Continued on the following page)

**As an applicant of the Resource Center for Independent Living, I understand and agree to the following (please read and initial):**

1. \_\_\_\_\_ I understand that any offer or acceptance of employment or my employment may be terminated, with or without cause, at any time at the option of either the Company or myself. I acknowledge that I do not have a contract of employment with the Company and that, in the future, I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and the Executive Director of the Company.
2. \_\_\_\_\_ I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. I further understand that the failure to timely submit such proof will result in my immediate dismissal from the Company.
3. \_\_\_\_\_ This application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application.
4. \_\_\_\_\_ I acknowledge the Company's notification to me that a background investigation or an investigative consumer report on me may be made. I understand and agree that successful completion (to the Company's satisfaction) of such investigation(s) is required for employment or continued employment. I hereby authorize the Company or its authorized agents to conduct the investigation(s) described above and to prepare a report based on such information. I further understand that, upon my written request, a complete disclosure of the investigation(s) conducted will be provided to me.
5. \_\_\_\_\_ I understand that my disclosure of prior convictions for criminal or traffic offenses may not preclude my employment with the Company; however, the omission of this requested information will be sufficient cause for the cancellation of my application or my immediate dismissal from the Company.
6. \_\_\_\_\_ I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.
7. \_\_\_\_\_ I agree that the Company's liability to me for wages is limited to the amount earned by me as of the date of my termination. I authorize the Company to deduct any monies owed by me to the Company whenever such deduction is not prohibited by law.
8. \_\_\_\_\_ I understand that my employment is contingent upon meeting the physical requirements of the job as well as passing (to the Company's satisfaction) a post-offer medical examination, if required. Because the Company is a drug-free workplace, I may be required to submit to testing as a condition of employment, in accordance with company policy.
9. \_\_\_\_\_ I certify that all statements I have made in this application are true and agree that any misrepresentation or omission of facts requested may result in the cancellation of my application or my immediate dismissal from the Company. I agree to conform to the rules and policies of the Company and understand that these rules and policies may be changed, interpreted or withdrawn at the Company's option at any time without notice.

Signature required: \_\_\_\_\_

Date: \_\_\_\_\_