



Cover Letter
For Application For Employment Consideration

Date:

To: Human Resources

From:

Re: Cover Letter and Application

Thank you,

Signature (typed name)

APPLICATION FOR EMPLOYMENT

DisAbility Partners

CENTER FOR INDEPENDENT LIVING

Person First Services

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

GENERAL INFORMATION

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us: Advertisement Friend Walk-In

Employment Security Commission Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address: _____ State _____ Zip _____

Mailing if different _____ State _____ Zip _____

Telephone: Home _____ Work _____

Email Address: _____

Social Security Number _____

Have you ever filed an application with us before? Yes No

If Yes, date _____

Have you ever been employed with us before? Yes No

If Yes, date _____

Are you currently employed? Yes No

If Yes, may we contact your employer Yes No

On what date would you be available for work Date _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a crime?

Yes No

If Yes, please explain: _____

EDUCATION

Do you have a High School Diploma

Yes

No

High School Attended _____

If No, do you have a General Education Diploma (GED)

Yes

No

School Attended _____

Do you have a degree from a College or University

Yes

No

College or University attended _____

If no degree, but did attend college, what courses did you study _____

Indicate any languages, including sign language, you can speak, read and/or write:

Speak _____

Read _____

Write _____

Describe any specialized training, apprenticeship, skills, volunteer and extra-curricular activities:

List professional, trade, business or civic activities and/or offices held:

OTHER QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment: _____

SPECIALIZED SKILLS

Check Skills/Equipment Operated

- | | |
|---|--|
| <input type="checkbox"/> General Computer Knowledge | <input type="checkbox"/> Computer Data Base Operations |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Copy Machine |
| <input type="checkbox"/> Internet/e-mail | <input type="checkbox"/> TTY |

Other _____

EMPLOYMENT EXPERIENCE

Current/Last Employer _____

Supervisor _____

Address _____

Telephone Number _____

Job Title _____

Hire Date _____ Term Date _____

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

List major job duties in order of their importance

Reason for leaving _____

Former Employer _____

Supervisor _____

Address _____

Telephone Number _____

Job Title _____

Hire Date _____ Term Date _____

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

List major job duties in order of their importance

Reason for leaving _____

Former Employer _____

Supervisor _____

Address _____

Telephone Number _____

Job Title _____

Hire Date _____ Term Date _____

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

List major job duties in order of their importance

Reason for leaving _____

Former Employer _____

Supervisor _____

Address _____

Telephone Number _____

Job Title _____

Hire Date _____ Term Date _____

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

List major job duties in order of their importance

Reason for leaving _____

Former Employer _____

Supervisor _____

Address _____

Telephone Number _____

Job Title _____

Hire Date _____ Term Date _____

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

List major job duties in order of their importance

Reason for leaving _____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

NOTICE TO APPLICANTS

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

I have reviewed the job description for which I am applying for. Yes No

Initials

REFERENCES

1. Name _____ Telephone # _____
Address _____
Relationship _____

2. Name _____ Telephone # _____
Address _____
Relationship _____

3. Name _____ Telephone # _____
Address _____
Relationship _____

4. Name _____ Telephone # _____
Address _____
Relationship _____

5. Name _____ Telephone # _____
Address _____
Relationship _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, including reference checks from former employers as may be necessary in arriving at an employment decision.

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 the employers may discharge the employee at any time with or without cause.

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 rules and regulations of the employer.

I have reviewed a copy of the drug policy referenced below.

Signature of Applicant (typed Name)

Date

DisAbility Partners is a drug free workplace. Please read the policy carefully before submitting this application for employment with our organization.

I have reviewed and understand DisAbility Partners Drug and Alcohol Policy.

Initials

If our organization extends an offer of employment to you, you will be subject to a criminal background investigation. DisAbility Partners may require a drug screening through sources we deem necessary to determine your qualifications for employment with our organization.