



**APPLICATION FOR EMPLOYMENT**  
**ACES\$**

*A Division of*  
*Northeast Pennsylvania Center for Independent Living*

*Please Print Clearly*

**IF YOU REQUIRE ANY ACCOMODATION(S) DURING THE APPLICATION PROCESS, PLEASE  
INFORM STAFF FOR ASSISTANCE**

*NEPA CIL is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment practices because of ancestry, race, color, age, religious creed, national origin or disability.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

How did you hear about the position you are applying for?  
\_\_\_\_\_

(Please circle your answers)

Are you legally authorized to work in the US?	Yes	No
Are you 18 years of age or older?	Yes	No
If no, do you have a work permit?	Yes	No
Have you ever been know by a different name?	Yes	No

Please explain  
\_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

**EDUCATION**

	Name Address	Area of Study	Completed Years	Graduate	Degree
High School					
College					
Graduate School					
Other					

### Skills/Experiences

Please list any special skills and or experiences you feel qualify you for employment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Military

(If you served in the United States Armed Forces please complete the following)

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

Skills/Training: \_\_\_\_\_

Dates of Active Duty From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Date of Final Discharge \_\_\_\_\_

### References

Name	Relationship	Address	Telephone

### Employment History

Company:	Phone:
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Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions	Ending Salary

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions	Ending Salary

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions	Ending Salary

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions	Ending Salary

### Background

Any offer of employment is based upon screening of my work/school/ criminal record and references. Criminal records may be verified by the State Police, FBI

and Department of Public Welfares Childline. Should I answer yes to any of the following will not automatically disqualify me from employment.

Have you been a resident in Illinois for the last two consecutive years?

Yes No

Have you ever been convicted in the United States of a felony or misdemeanor?

Yes No

(If yes, list dates and offences)

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Do you have any criminal charges pending?

Yes No

(If yes, please list dates and offences)

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### **Job Applicant's Agreement and Certification**

*"I certify that the information given by me in this application/resume is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application/resume to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record to NEPA CIL. I release all such persons from any liability or damages on account of having furnished such information."*

*"I understand that nothing contained in this employment application/resume or in the granting of an interview is intended to create an employment contract between NEPA CIL and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon NEPA CIL unless made in writing. If an employment relationship is established, I understand that I may have the right to terminate my employment at any time and that NEPA CIL retains the same right under employment "at-will"."*

*"I understand if employed, policies and rules which are issued are not conditions of employment and that NEPA CIL may revise policies and/or procedures in whole or in part at any time."*

*"By submitting this application/resume I agree to the above statements and verify that all requested information is correct."*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_