



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: Deaf Independent Living Association, Inc. is an equal opportunity employer.

PLEASE PRINT

PERSONAL INFORMATION:

LAST NAME FIRST M.I.

ADDRESS # AND STREET NAME CITY STATE ZIP

(AREA CODE) PHONE NUMBER POSITION APPLYING FOR DATE OF APPLICATION

EMAIL ADDRESS

PRIOR CONTACT WITH DILA:

Have you ever applied to DILA before: ____ yes ____ no If yes, what position did you apply for and when? _____

Have you ever worked for DILA before: ____ yes ____ no If yes, what position did you hold and when was your last day of employment with DILA? _____

EDUCATION:

NAME OF INSTITUTION COURSE OF STUDY HIGHEST LEVEL / DEGREE

HIGH SCHOOL _____

COLLEGE _____

OTHER/
TECHNICAL _____

Are you fluent in American Sign Language? ____ yes ____ no

OTHER SPECIAL SKILLS, TRAINING, ETC.

EMPLOYMENT HISTORY:

List below all present and past employment for the last ten years beginning with the most recent.

I.

COMPANY NAME (AREA CODE) PHONE NUMBER

ADDRESS POSITION HELD FROM / TO

DUTIES

REASON FOR LEAVING RATE OF PAY AT DEPARTURE

YES NO

NAME OF IMMEDIATE SUPERVISOR MAY WE CONTACT EMPLOYER?

II.

COMPANY NAME (AREA CODE) PHONE NUMBER

ADDRESS POSITION HELD FROM / TO

DUTIES

REASON FOR LEAVING RATE OF PAY AT DEPARTURE

YES NO

NAME OF IMMEDIATE SUPERVISOR MAY WE CONTACT EMPLOYER?

III.

COMPANY NAME (AREA CODE) PHONE NUMBER

ADDRESS POSITION HELD FROM / TO

DUTIES

REASON FOR LEAVING RATE OF PAY AT DEPARTURE

YES NO

NAME OF IMMEDIATE SUPERVISOR MAY WE CONTACT EMPLOYER?

REFERENCES:

List business or professional persons known, but not related, to you for at least three years.

NAME POSITION COMPANY/SCHOOL ADDRESS PHONE NUMBER

CONVICTION RECORD:

Have you ever been convicted of a felony or crime of violence, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify applicant but failure to disclose this information could result in immediate termination.)

YES **NO**

If yes, please explain _____

MILITARY SERVICE RECORD:

Were you in the U.S. Armed Forces? **YES** **NO** If yes, what Branch? _____

Dates of duty: From _____ to _____ Type of discharge _____

U.S. CITIZENSHIP:

Are you legally eligible for employment in the United States? **YES** **NO**

Alien registration number _____

The above information is true and complete to the best of my knowledge. Should I be employed by the Agency, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Agency has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Agency.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by the Agency, I may resign such employment at any time at my discretion with or without prior notice and the Agency may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

I understand that it is DILA's policy to run background and MVA checks on all applicants.

DATE

SIGNATURE