

Are you 18 years of age or over?

- Yes
- No

Have you ever been convicted of a crime?

- Yes
- No

Do you have any charges pending against you for a crime?

- Yes
- No

Explain any yes answers: _____

Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered

Have you ever worked us before?

- Yes
- No

If yes, specify dates: From _____ To _____ Title _____

If hired, can you furnish proof that you are eligible to work in the United States?

- Yes
- No

EDUCATIONAL HISTORY

Circle highest grade completed:

High School	College	Post Graduate
1 2 3 4	1 2 3 4	1 2 3 4

High School: _____
Name City/State

College/Technical School _____
Name City/State

MILITARY RECORD

Branch of Service: _____ Duties and Skills Acquired: _____

LICENSES AND/OR CERTIFICATIONS

Complete this section only if a license and/or certification is required for the position you are applying for. Any job offer of applicable position is made contingent upon proof of these credentials.

Type: _____ State Issued: _____ Date Issued/Exp. Date: _____ Number: _____

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EMPLOYMENT HISTORY

All information must be completed even if you are providing us with a resume

Provide the last five to ten years of employment, paid and/or unpaid, beginning with most recent or current employer first.

From Date/ To Date	Name of Company Address & Phone	Job Title	Supervisor's Name/Title	Start Wage End Wage	Reasons For Leaving	May Be Contacted?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all other names by which you've ever been known or identified. (e.g. maiden name, married name, aliases).

PROFESSIONAL REFERENCES (List 3 – not friends or family)

Name, Address, Telephone Number

Relationship (i.e. supervisor, teacher, etc.)

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Carefully Read This Section Prior to Providing Signature

If hired, I consent to any Drug Testing that may be required at any time in the course of my employment to determine by ability to perform the duties of my job or other jobs with Midstate Independent Living Consultants, Inc.

I hereby affirm that the information provided on this application and accompanying resume and any supporting documents, if any is true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in discharge, even if discovered at a later date.

I agree to adhere to the personnel policies and rules and understand that violation of these rules and policies may lead to my dismissal.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume and any supporting documents, if any to provide relevant information regarding an employment decision, and I release all such person from any liability regarding the provision or use of such information.

I understand that the position I am applying for may require a criminal history search and background check. I authorize the investigation(s) that may be required at any time (prior to in the course of my employment) in connection with an employment decision.

I understand that this employment application and any related Midstate Independent Living Consultants, Inc. documents are not contracts of employment and that, if I am hired, I may voluntarily leave employment at any time for any reason and, likewise, Midstate Independent Living Consultants, Inc. may terminate my employment at any time for any reason. Any representations to the contrary in any related Midstate Independent Living Consultants, Inc. document or by a representative of Midstate Independent Living Consultants, Inc. should be relied upon or be construed as Midstate Independent Living Consultants, Inc. policy.

Signature: _____ Date: _____

Compliance with this survey is voluntary and anonymous

This information will aid us in our Affirmative Action efforts.

Voluntary Identification or Protected Class Status.

I am an employee of Midstate Independent Living Consultants, Inc (MILC). I fall into the following protected classifications, all of which are subject to MILC's affirmative action plan (check all that apply):



- I am an individual with a disability
- I am a disabled veteran
- I am a Vietnam era veteran
- I am a female
- I am a Native American
- I am a African American
- I am Hispanic
- I am Asian or Pacific Island origin
- I do not fall into a protected classification

I understand that information I provided on this survey is provided voluntarily and that I will suffer no adverse consequences if I choose not to provide this information. I also understand that I am being asked to provide this information only in connection with the Affirmative Action Plan of Midstate Independent Living Consultants, Inc. and that this information will be disseminated and relied upon only to the extent consistent with that affirmative action plan.