

Expires On: _____
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Coordinating Council for Independent Living

**Employment Application**

<b>PERSONAL INFORMATION</b>
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Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 (Last) (First) (MI)

\_\_\_\_\_  
 (Street) Telephone #: \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip Code)

Position Applying for: \_\_\_\_\_ Date You Can Start: / \_\_\_\_ / \_\_\_\_  
 Interested in Part or Full Time? Q Full-time Q Part-time  
 Legally Eligible for Employment in USA: Q Yes Q No  
 A Valid Driver's License: Q Yes Q No  
 Current Car Insurance: Q Yes Q No

<b>EDUCATION</b>	Name and Address of School	Circle Last Year Completed	Graduated Yes or No	Major Course of Study & Degree Obtained
High School	_____	1 2 3 4	Yes No	
	_____			
College	_____	1 2 3 4	Yes No	
	_____			
Other: (Graduate, trade or Correspondence School)	_____	1 2 3 4	Yes No	
	_____			

Service Schools, Special Training, Position Responsibilities, Skills that relate to the position applied for:

\_\_\_\_\_



CCIL does not discriminate in hiring or employment on the basis of race, religious creed, national origin/ancestry, sex, age or disability. No question on this application is intended to secure information for such discrimination.

CCIL is an employment-at-will agency, and no portion of this application shall expressly or implicitly constitute a contract of employment with CCIL. If employed, either the company or I may terminate my employment relationship at any time with or without notice for any reason that does not violate the law. Furthermore, I agree and understand that no representative of CCIL, its employees or its management staff may make oral or written promises or agreements with me contrary to CCIL employment-at-will policy. All such oral or written statements are null and void and thus unenforceable.

I authorize CCIL to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party, with a legal and proper interest and release CCIL from any liability that may arise from divulging such information.

I authorize CCIL to conduct a thorough background investigation of me and to contact my current and former employers and educational institutions, any persons or organizations named in this application (or accompanying resume), or any government entity who may have information pertaining to me. I further authorize any such person or entity to release any information to CCIL that may be required to make an employment decision. I release all individuals, schools, agencies and previous employers from legal liability for the information they provide in these reference checks. I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or for subsequent dismissal from employment.

This application shall remain active for six months from the date below. Six months from this date, the application shall expire and no longer be reviewed for hiring purposes. The applicant must submit a current application at that point to be considered for employment with CCIL.

I hereby acknowledge that I have read the above statement and understand the same.

**STATEMENT (Please read this statement carefully before signing this application)**

**I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

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Signature of Applicant

Date