



# Services for Independent Living Employment Application

Services for Independent Living is an equal opportunity/affirmative action institution. All qualified applicants will be considered without regard to race, color, gender (sex), religion, veteran status, disability, age, sexual orientation, national origin, ancestry, or any other classification protected by law.

GENERAL INFORMATION		
Full Name: Last, First, Middle Initial		Social Security Number
Other Name(s) used	Phone	Email
Address	City	State/Zip
Position you are applying for?	Salary Desired	Referred by:
Are you at least 18 years of age?		
YES NO		
Have you applied with SIL before?		If yes, please list dates and job titles
YES NO		
Have you ever been employed by SIL?		If yes, please list dates and job titles
YES NO		
If hired will be able to work overtime?		Will you be able to perform the essential job functions for the position you are applying for with or without accommodations?
YES NO		YES NO
Have you ever been charged with an offense other than a minor traffic violation?		
YES NO		If yes, please disclose:
EDUCATION		
Highest Grade Completed		
High School	College, Trade or Business	Graduate Studies
High School	City, State	Diploma
College	City, State	Major/Degree
College	City, State	Major/Degree
College	City, State	Major/Degree
Vocational/Business	City, State	Major/Degree
List any professional designations and/or licenses as it pertains to the job you are applying for:		
List any special knowledge, skills or qualifications as it pertains to the job you are applying for:		

**EMPLOYMENT HISTORY**

If you are attaching a resume, you can type "see resume" in Duties/Responsibilities

Employer Name:		Dates:	
Supervisor Name:		Phone:	
May we contact this employer?	Yes	No	Reason for Leaving?
Job Title:		Duties/Responsibilities:	
Employer Name:		Dates:	
Supervisor Name:		Phone:	
May we contact this employer?	Yes	No	Reason for Leaving?
Job Title:		Duties/Responsibilities:	
Employer Name:		Dates:	
Supervisor Name:		Phone:	
May we contact this employer?	Yes	No	Reason for Leaving?
Job Title:		Duties/Responsibilities:	
Employer Name:		Dates:	
Supervisor Name:		Phone:	
May we contact this employer?	Yes	No	Reason for Leaving?
Job Title:		Duties/Responsibilities:	
Employer Name:		Dates:	
Supervisor Name:		Phone:	
May we contact this employer?	Yes	No	Reason for Leaving?
Job Title:		Duties/Responsibilities:	

**Acknowledgement**

I certify the answers herein are true and accurate to the best of my knowledge and I hereby authorize SIL to perform pre-employment criminal record checks for employment purposes only. I hereby give consent for SIL to perform a closed records check pursuant to Section 610.120 RSMO. I agree that SIL is not liable for any wages for any hours worked until after a background screening via the FCSR has been performed and the results are clear and, if applicable, my Good Cause Waiver is in good standing. Additionally, I understand that if there is any form of background information disclosed during my employment, my employment shall be immediately terminated.

Signature of Applicant: \_\_\_\_\_

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