

PLEASE PRINT OR
TYPE INFORMATION
REQUESTED EXCEPT
SIGNATURE

APPLICATION FOR EMPLOYMENT

Office Skills

Computer skills: Can you type? ___yes ___no _____WPM

Microsoft Office Skills: How proficient are you on the following software packages:
Rate yourself with the following scale: Excellent 5, Very good 4, Can do some things 3, Little knowledge 2, Cannot use 1

MS Word_____ MS Excel_____ MS Outlook_____ MS PowerPoint_____

Are you familiar with the PC platform? ___yes ___no

Please list two professional references other than relatives or previous employers.

Name_____	Name_____
Position_____	Position_____
Company_____	Company_____
Address_____	Address_____
_____	_____
Telephone (_____)_____	Telephone (_____)_____)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Add a sheet if needed.

MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	___ Yes	___ No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	___ Yes	___ No
Specialty _____	Date Entered _____	Discharge Date _____

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Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No
Did you complete this application yourself Yes No
If not, who did?

To be considered for employment this application must be accompanied by (1) a cover letter that states why you think you are the person for the job for which you are applying -- including personal and professional experience with disability and (2) a resume.

Notice: All applicants may be tested for illegal drugs and subjected to a background check. Independence Now is a drug-free work place and a Equal Opportunity work place. Individuals with disabilities are encouraged to apply.