



## APPLICATION FOR EMPLOYMENT

To the applicant: It is the policy of Integrated Community Services, Inc. (ICS) to extend employment opportunities to qualified applicants on a non-discriminatory basis and without regard to an individual's age, creed, race, color, sex, sexual orientation, physical or mental disability, national origin, marital status, or any other characteristic protected by law. Questions on this application are not intended to be used in any unlawful discrimination. ICS is an Equal Employment Opportunity/Affirmative Action Employer.

Applicant Name (Last)		(First)		(Middle Initial)	
Applicant's Address		Apt. No.	City	State	Zip Code
Home Phone Number	Work Phone Number	May we contact you at work?		Social Security Number	
		YES      NO			
Date of Application			Date Available		
Position(s) Applying For:					

Have you applied for a position with ICS before:      YES      NO If YES, when: _____
Have you been employed by ICS before:      YES      NO If YES, when: _____
How or by whom were you referred to ICS: ____ Ad      ____ Employment Agency      ____ Employee      ____ Self      ____ Other

PLEASE PRINT

## PERSONAL DATA

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (A CRIMINAL CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT)	
<input type="checkbox"/> NO <input type="checkbox"/> YES (IF "YES", PLEASE EXPLAIN)	
SALARY EXPECTED	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IN CASE OF EMERGENCY NOTIFY - NAME	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMERGENCY CONTACT'S ADDRESS	EMERGENCY CONTACT'S TELEPHONE NUMBER

## EDUCATION

NAME & ADDRESS OF SCHOOL	LIST DIPLOMA, DEGREE, OR COURSE OF STUDY	DID YOU GRADUATE OR RECEIVE A GED?
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO

## PROFESSIONAL DATA

PLEASE LIST REGISTRATION, CERTIFICATE, OR LICENSE NUMBER IF APPLICABLE		
SPECIAL SKILLS, i.e., COMPUTER SKILLS, LANGUAGES, ETC.		
HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.		
DOES ANY MEMBER OF YOUR FAMILY WORK HERE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE LIST NAME, DEPARTMENT & RELATIONSHIP.		
OTHER EMPLOYMENT REFERENCES	RELATIONSHIP / NO. OF YEARS KNOWN	PHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____

# EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND ACCOUNT FOR ALL PERIODS OF EMPLOYMENT. (Attach a separate sheet of paper if necessary)

PRESENT OR LAST EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS	
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY	STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR CONSIDERING CHANGE / LEAVING	
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:		
IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS	
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY	STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING	
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:		

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS	
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY	STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING	
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:		

PREVIOUS EMPLOYER		DATES EMPLOYED (MO/YR.) FROM TO	ADDRESS	
IMMEDIATE SUPERVISOR	PHONE	STARTING SALARY	CITY	STATE ZIP CODE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		FINAL SALARY	REASON FOR LEAVING	
YOUR TITLE		BRIEFLY DESCRIBE YOUR DUTIES:		

