

Work Experience

Please provide work experience below. Start with your present or most recent job.

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Comments (include explanation of any gaps in employment or involuntary terminations):

Skills and Qualifications

Summarize any special skills, licenses, certifications and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.

References

List names and telephone numbers of three additional professional references not listed in the Employment History section of this application.

Name	Relationship	Telephone #

I authorize Independent Residential Living of Central Indiana and its designated representative to investigate all of the information in this application, including reference inquiries concerning my employment and education record. I understand and agree that an omission or misstatement of any of the information requested will result in disqualification or if hired, immediate termination regardless of the date of discovery.

I understand the employment process will include appropriate background checks, including State and County Criminal History Reports, a Certified Nurse's Aide/Home Health Aid Registry Search, a Sex and Violent Offenders Directory Search, and Driving Record Search. Information must meet agency/regulatory guidelines. A conviction record will not necessarily disqualify me from employment.

I further understand that if I am offered a position a pre-employment drug screen will be requested of me and that confirmed evidence of the use of illegal drugs will disqualify me from employment.

I understand that Independent Residential Living of Central Indiana is an Equal Opportunity Employer. Independent Residential Living of Central Indiana does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application does not constitute an employment contact or an offer of employment. The employment of any person at Independent Residential Living of Central Indiana can be terminated with or without cause and without notice, at any time, at the option of either the employee or Independent Residential Living of Central Indiana.

Signature of Applicant: _____ Date: _____



Consent for Post Offer Drug Testing, Physical Exam and Release of Information

Consistent with the company's Alcohol and Drug Testing Policy, we require pre-employment drug screening of all applicants who have been offered employment.

In order to be considered for employment with the company, I understand that I must submit to a post offer drug test and/or physical examination as part of the employment process, and that the drug test must result in a negative finding for the illegal use of a controlled or synthetic substance.

I hereby consent to provide a urine and/or blood test, although not limited to, at a location and within a time frame as specified by the company. I understand that my failure to consent to drug testing at the time and location specified by the company requires that I be removed from further consideration for employment.

I agree to release and hold harmless the company, its representatives, its agents, its associates and the specified testing facility from any and all liability and damages resulting or arising from a drug test or physical examination, or in connection with any action taken by the company in reliance upon the test or examination results, or from the release of the results of any such test or examination. I also give my consent to release the post offer drug test results and other test related information to the company, its representatives, its agents, its associates and the specified testing facility.

Applicant's Signature

Date