



Visit Our Careers Page
at www.lifelongaccess.org

APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment with Lifelong Access. Please complete the following application form as thoroughly as possible. Or you may also apply online by visiting our Careers Page at www.lifelongaccess.org. If you have a resume or written information you think would be helpful in considering you for employment with our organization, please attach it to this form. Only applicants who have been scheduled for an interview will be notified. All applications will remain on file for one year.

Today's Date: _____

Name (first, MI, last): _____ Preferred Name: _____

Phone Number: (_____) _____

Email: _____

Street/Address/Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Position(s) you are applying for: _____

Desired Salary: _____

Are you 18 years of age or older: Yes _____ No _____

Are you eligible to work in the United States? Yes _____ No _____

Have you ever worked for Lifelong Access previously? Yes _____ No _____

If yes, what years and what position? _____

Do you have a valid Driver's License? Yes _____ No _____

How were you referred to Lifelong Access? _____

If by a current employee, provide first/last name: _____

Education: Highest level of education completed: _____

Name of School _____

Year Graduated/Graduating: _____

(Diploma/Transcripts must be provided upon hiring)

Certifications: List all professional licenses/certifications: _____

Experience: How many years of relevant work experience do you have? _____

Additional training and/or experience _____

Availability: Check all hours and shifts in which you are currently willing to work.

1. Available for: _____ Full Time _____ Part Time _____ Substitute

2. Available to work: (Check all that apply)

_____ Days _____ Evenings _____ Overnight _____ Weekends _____ Rotating Shifts _____ Split Shifts

Other Pertinent Information:

What makes you interested in this position at Lifelong Access?

References: Two employment references are required for employment. Please notify your references that they will be contacted and that they should respond promptly. Please provide additional references if available.

References must have personal knowledge of your work performance. Each reference must be either 1) a management/supervisor level person at a current or former employer/organization OR 2) a current or former educator, coach, or volunteer leader/coordinator. References from family members will not be accepted unless they are related to previous employment in a family business.

1. Employer: _____ Business: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

2. Employer: _____ Business: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

3. Employer: _____ Business: _____

Email (if available): _____

Address: _____ Phone Number: (____) _____
Street P.O. BOX

City State Zip Code

Offers of employment are contingent upon the successful completion of all background checks and pre-employment drug and TB testing, approval of Illinois State Police fingerprinting background check, CANTS background check and the completion of a motor vehicle report. The state of Illinois requires applicants for certain positions to pass a TABE reading test. Reasonable accommodations for testing may be available upon request.

By signing this document, I am attesting that the facts set forth in my application for employment are true and complete. I understand that if employed, false statements may be cause for my dismissal. You are hereby authorized to investigate my employment record, educational training and references as may be necessary and relevant. I hereby release Lifelong Access from any liability arising from disclosure of such information. I understand that Lifelong Access is an "at will" employer.

Signature

Date

Lifelong Access is an Equal Opportunity Employer

Attach or Submit Your Resume with this Application.

If you do not, you MUST fill out the information below.

Employment: Please begin with most recent employers, and to the extent possible please be specific in describing previous job experience with persons who have developmental disabilities.

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

_____ City State Zip Code

Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

_____ City State Zip Code

Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____

Name of Company: _____ Employed From: _____ To: _____

Company Address: _____ Company Phone: (____) _____
Street (P.O Box)

_____ City State Zip Code

Job Title: _____ Supervisor: _____

Major Duties: _____

Reason I left: _____