



**Cover Letter**  
**For Application For Employment Consideration**

Date:

To: Human Resources

From:

Re: Cover Letter and Application

Thank you,

Signature (typed name)

# APPLICATION FOR EMPLOYMENT

## DisAbility Partners

### CENTER FOR INDEPENDENT LIVING

#### Person First Services

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation or any other legally protected status

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### GENERAL INFORMATION

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Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How Did You Learn About Us:    Advertisement                       Friend                       Walk-In

Employment Security Commission                       Relative                       Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing if  
different \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you ever filed an application with us before?                       Yes     No

If Yes, date \_\_\_\_\_

Have you ever been employed with us before?                       Yes     No

If Yes, date \_\_\_\_\_

Are you currently employed?                       Yes     No

If Yes, may we contact your employer                       Yes     No

On what date would you be available for work                      Date \_\_\_\_\_

Are you available to work:                       Full Time                       Part Time                       Temporary

Are you currently on "lay off" status and subject to recall?                       Yes     No

Can you travel if the job requires it?                       Yes     No

Have you ever been convicted of a crime?

Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

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Do you have a High School Diploma

Yes

No

High School Attended \_\_\_\_\_

If No, do you have a General Education Diploma (GED)

Yes

No

School Attended \_\_\_\_\_

Do you have a degree from a College or University

Yes

No

College or University attended \_\_\_\_\_

If no degree, but did attend college, what courses did you study \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate any languages, including sign language, you can speak, read and/or write:

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, volunteer and extra-curricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and/or offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER QUALIFICATIONS**

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Summarize special job related skills and qualifications acquired from employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIALIZED SKILLS**

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Check Skills/Equipment Operated

- |   |  |
|---|--|
| <input type="checkbox"/> General Computer Knowledge | <input type="checkbox"/> Computer Data Base Operations |
| <input type="checkbox"/> Microsoft Word             | <input type="checkbox"/> Calculator                    |
| <input type="checkbox"/> Microsoft Excel            | <input type="checkbox"/> Fax                           |
| <input type="checkbox"/> Microsoft Publisher        | <input type="checkbox"/> Copy Machine                  |
| <input type="checkbox"/> Internet/e-mail            | <input type="checkbox"/> TTY                           |

Other \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

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**Current/Last Employer** \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_ Term Date \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

List major job duties in order of their importance

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Reason for leaving \_\_\_\_\_

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**Former Employer** \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_ Term Date \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

List major job duties in order of their importance

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Reason for leaving \_\_\_\_\_

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**Former Employer** \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_ Term Date \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

List major job duties in order of their importance

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Reason for leaving \_\_\_\_\_

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**Former Employer** \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_ Term Date \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

List major job duties in order of their importance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Former Employer** \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Hire Date \_\_\_\_\_ Term Date \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

List major job duties in order of their importance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

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State any additional information you feel may be helpful to us in considering your application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE TO APPLICANTS

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DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

I have reviewed the job description for which I am applying for.  Yes  No

Initials

REFERENCES

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1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

5. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, including reference checks from former employers as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employers may discharge the employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have reviewed a copy of the drug policy referenced below.

\_\_\_\_\_  
Signature of Applicant (typed Name)

\_\_\_\_\_  
Date

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**DisAbility Partners is a drug free workplace. Please read the policy carefully before submitting this application for employment with our organization.**

**I have reviewed and understand DisAbility Partners Drug and Alcohol Policy.**

*Initials*

**If our organization extends an offer of employment to you, you will be subject to a criminal background investigation. DisAbility Partners may require a drug screening through sources we deem necessary to determine your qualifications for employment with our organization.**