



Ability & Independence. Redefined.
inglis.org

Check Appropriate Entity and/or Classification:

- Inglis House
- Inglis Foundation
- Inglis Housing Corporation
- Inglis Adult Day Program
- Contractor
- Inglis Community Employment Services
- Inglis Care Management
- Inglis Photo License Center
- Inglis Drink aid
- Intern

Employment Application

INGLIS HIRES QUALIFIED INDIVIDUALS REGARDLESS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR AGE. CONSISTENT WITH THESE EQUAL EMPLOYMENT RESPONSIBILITIES, INGLIS WILL MAKE REASONABLE ACCOMMODATION DURING BOTH THE APPLICATION PROCESS AND ON THE JOB.

PLEASE PRINT

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____ TELEPHONE: _____ CELL/PAGER: _____

APT. NO: _____ CITY: _____ STATE: _____ ZIP: _____

APPLYING FOR POSITION AS: _____ SHIFT: _____

EMAIL ADDRESS: _____ DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

PLEASE DESCRIBE ANY ACCOMMODATION REQUIRED: _____

DO YOU DRIVE OR HAVE ACCESS TO A VEHICLE? YES NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY INGLIS? _____ IF YES, DATES: _____

ARE ANY MEMBERS OF YOUR FAMILY CURRENTLY EMPLOYED AT INGLIS? YES NO

IF YES, WHOM? _____ RELATIONSHIP: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

LAWFUL PERMANENT RESIDENT (GREENCARD) EMPLOYMENT AUTHORIZATION CARD - EXPIRATION DATE: _____

HAVE YOU BEEN CONVICTED OF ANY OF THE PROHIBITIVE OFFENSES OUTLINED ON THE ATTACHED FORM

UNDER THE OLDER ADULTS PROTECTIVE ACT? YES NO

WHAT PROMPTED YOU TO APPLY FOR EMPLOYMENT AT INGLIS?

EMPLOYEE REFERRAL: _____ (NAME OF EMPLOYEE) ADVERTISEMENT: _____ (WHERE)

OTHER: _____

EDUCATION

	NAME OF SCHOOL	CITY & STATE		
HIGH SCHOOL			DEGREE OR MAJOR	DEGREE RECEIVED
COLLEGE				
OTHER				

TYPE OF NURSING CERT. /LICENSE: _____ PA CERT. /LICENSE NUMBER: _____

MILITARY SERVICE RECORD

ARE YOU A VETERAN OF THE US MILITARY? YES NO IF YES, BRANCH _____ RANK _____

ARE YOU CURRENTLY OR HAVE BEEN IN THE NATIONAL GUARD OR RESERVES? YES NO

IF YES, DATE OBLIGATIONS ENDS _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE NO.: _____

LIST ALL EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT:

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

TO INGLIS: I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. INGLIS IS HEREBY AUTHORIZED TO INVESTIGATE FULLY ALL INFORMATION CONTAINED HEREIN. I AGREE THAT ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION MAY BE CAUSE FOR MY DISMISSAL.

DATE: _____ APPLICANT'S SIGNATURE: _____

TO WHOM IT MAY CONCERN: I HEREBY AUTHORIZE YOU TO RELEASE TO INGLIS ANY INFORMATION PERTAINING TO MY EMPLOYMENT AND I UNCONDITIONALLY RELEASE YOU AND YOUR ORGANIZATION FROM ALL LIABILITY FOR RELEASING THIS INFORMATION.

DATE: _____ APPLICANT'S SIGNATURE: _____