



**Ability & Independence. Redefined.**  
inglis.org

Check Appropriate Entity and/or Classification:

- Inglis House
- Inglis Foundation
- Inglis Housing Corporation
- Inglis Day Program
- Contractor
- Inglis Community Employment Services
- Inglis Care Management
- Inglis Photo License Center
- 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 (GREEN CARD)  EMPLOYMENT AUTHORIZATION CARD – EXPIRATION DATE: \_\_\_\_\_

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				
COLLEGE			DEGREE OR MAJOR	DEGREE RECEIVED
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: \_\_\_\_\_