Toward Independent Living & Learning, Inc. 20 Eastbrook Road Suite 201 Dedham, MA 02026 (781)-302-4600 (Fax: 781-234-1105) www.tillinc.org Toward Independent Living and Learning, Inc.



EMPLOYMENT APPLICATION

APPLICANT INFORMATION																			
Last Name					First					M.I.		Da	te						
Street Address												Apart	Apartment/Unit #						
City																			
Phone								E-mail Address						· · ·					
																Mor	ning	[
Are you 18 or Yi older?		YES NO		Social Security No.		y No.		-			De	Desired Shi		Evening					
									Overnight										
			A	Administration			R	esidential Day Habilita			tation 🗌 Afte			er-School Program 🗌					
Desired Position:			CI	Clinical				ormatior T)	Technolog	у	Food	ce 🗌 Tr		Trans	ansportation				
Are you a	a citi	zen o	f the L	he United States? YE				NO			f no, are you autl /ork in the U.S.?			horized to		ES		NO	
Have you company		er wor	ked fo	ed for this YE				NO			so, when?							1	
Employm Desired:	nent		N	Management			Full-Time 🗌 Par		Time	Re	Relief/Per Diem 🗌		Volu	/olunteer		D -	Desired Salary		
How did TILL Inc.	you ?	hear a	about	ut Internet 🗌 New			spaper Employee Referral's Name:											_	
Do you have?				a) Valid driver's license?		YES 🗌 NO		NO 🗌	b) A C	b) A Car? YE		YES	ES 🗌 NO 🗌						
Do You have Current Certification for?			nt	CPR 🗌 F			First Aid		Medicat	Medication Certification				Other					
EDUCATION																			
High School			4					Address											
From To		То	Го Did you gra		radua	ate? YES 🗌		NO 🗌	0	Degree									
College Address																			
From To		To Did you graduate			te? Y	′ES 🗌	NO 🗌	NO Degree											
Other								ddress			'								
From To		To Did you graduate?			te? \	'ES 🗌	NO 🗌	0	Degree										
Address											i								

PREVIOUS EMPLOYMENT								
Company			Phone					
Address			Supervisor's full name:					
Job Title			·					
Responsibilities								
Month/year Mon	th/year	Peacon for Leaving						
From To	From To Reason for Leaving							
May we contact your previou	us super	visor for a reference? YES	NO 🗌					
Company			Phone					
Address			Supervisor's full name:					
Job Title								
Responsibilities								
Month/year Mon	th/year	Reason for Leaving						
From To		Reason for Leaving						
May we contact your previou	us super	visor for a reference? YES	NO 🗌					
Company			Phone					
Address			Supervisor's full name:					
Job Title								
Responsibilities								
Month/year Month/year From To								
May we contact your previo	us super	visor for a reference? YES	NO 🗌					

REFERENCES							
Please list three professional references.							
Full Name		Relations	hip				
Company		Phone					
Address							
Full Name		Relations	hip				
Company		Phone					
Address							
Full Name		Relations	hip				
Company		Phone					
Address							

<u>Writing Sample</u>: We require writing samples for <u>ALL</u> positions, since writing progress notes, log notes and reports are a daily responsibility for all positions. Please choose one of the topics below and write a paragraph of at least 50 words.

1) Describe an experience in your life which has changed you.

- 2) Why TILL should hire you for this position.
- 3) Why you have chosen Human Services for a profession.
- 4) Any topic you would like.

Please use the space provided below:

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements contained in this application and my resume. I understand that misrepresentation or omission of facts called for is cause for dismissal.