**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<br>Address                         |          |                      |                |                                  |       |            |                                   |                         |           |                          |   | Apart       | Apartment/Unit # |                     |              |        |                |    |  |
| City                                      |          |                      |                |                                  |       |            |                                   |                         |           |                          |   |             |                  |                     |              |        |                |    |  |
| Phone                                     |          |                      |                |                                  |       |            |                                   | E-mail Address          |           |                          |   |             |                  | · · ·               |              |        |                |    |  |
|   |          |                      |                |                                  |       |            |                                   |                         |           |                          |   |             |                  |                     |              | Mor    | ning           | [  |  |
| Are you 18 or Yi<br>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<br>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<br>/ork in the U.S.? |             |                  | horized to          |              | ES     |                | NO |  |
| Have you<br>company                       |          | er wor               | ked fo         | ed for this YE                   |       |            |                                   | NO                      |           |                          | so, when?                               |             |                  |                     |              |        |                | 1  |  |
| Employm<br>Desired:                       | nent     |                      | N              | Management                       |       |            | Full-Time 🗌 Par                   |                         | Time      | Re                       | Relief/Per Diem 🗌                       |             | Volu             | /olunteer           |              | D<br>- | Desired Salary |    |  |
| How did<br>TILL Inc.                      | you<br>? | hear a               | about          | ut Internet 🗌 New                |       |            | spaper  Employee Referral's Name: |                         |           |                          |   |             |                  |                     |              |        |                | _  |  |
| Do you have?                              |          |                      |                | a) Valid<br>driver's<br>license? |       | YES 🗌 NO   |                                   | NO 🗌                    | b) A C    | b) A Car? YE             |   | YES         | ES 🗌 NO 🗌        |                     |              |        |                |    |  |
| Do You have Current<br>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:

| <br> | <br> |
|------|------|
| <br> | <br> |
|      | <br> |
| <br> | <br> |
| <br> |      |

## **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.