

# Individual Support Services, Inc.

1006 WEST MILL STREET, SUITE A

Middletown, IN 47356

765-354-9004 / 866-223-8490 / 765-354-9965 (fax)

Your Road To Independence - Living Your Life...Your Way

## PREEMPLOYMENT APPLICATION

PERSONAL DATA			
Name:		List Aliases:	
Date:			
Street Address:		City:	State: Zip:
Phone:	Social Security Number:		
Position Desired:		Full Time _____ Part Time _____	
Salary Required:		Referred By:	
Employment Status:		When Available:	
Have you applied her before? Yes _____ No _____		If yes, date of application:	
Have you ever been convicted of a crime? Yes _____ No _____ Have you ever been convicted of a felony? Yes _____ No _____			
Have you ever been excluded from participation in any federal health care program? Yes _____ No _____			
Nature of crime:			
State:	County:	Date of Conviction:	Date of Reinstatement:
Can you provide copy of letter or reinstatement documentation? Yes _____ No _____			
Can you produce proof of your eligibility to work in the USA? Yes _____ No _____			

TRAINING AND EDUCATION			
HIGH SCHOOL: 1 2 3 4 GED - Circle last year of high school completed			
Names and Locations of Colleges attended	Dates Attended From / To	Degree Earned or Expected	MAJOR, MINOR CREDIT HOURS

LIST OTHER COURSES, CERTIFICATES, PERMITS, LICENSES, AND SKILLS DEVELOPMENT LIFE EXPERIENCES:

AN EQUAL OPPORTUNITY EMPLOYER

**SPECIAL INSTITUTES, WORKSHOPS, INTERNSHIPS, ETC.**

DATES ATTENDED	SPONSORING AGENCY	SUBJECT AREAS
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Do you plan to take additional schooling? If yes, what?

What are the specific days and times you are available to work?

What do you think your most significant qualifications are for this job?

Is there anything else you wish to tell us about yourself?

Are you related to any current Individual Support Services employees?  
 There names:  
  
 List the Counties and States you have lived in the last 3 years:

**Please list at least two references:**

Name	Address	Telephone	How Acquainted?

EMPLOYMENT HISTORY						
Please list below all present and past employment beginning with most recent.						
Name & Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Starting Salary	Ending Salary	Reason Left	Supervisor
Describe in detail what you did:						
May we contact this employer? Yes ____ No ____						
Name & Address of Company and Type of Business	From Mo/Yr	To Mo/Yr	Starting Salary	Ending Salary	Reason Left	Supervisor
Describe in detail what you did:						
May we contact this employer? Yes ____ No ____						
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Describe in detail what you did:						
May we contact this employer? Yes ____ No ____						

I attest that the facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Individual Support Services is hereby authorized to make an investigation of my personal and professional history. I understood that this investigation may include information obtained through personal interviews with my neighbors, friends, supervisors (past and/or present) or others with whom I am acquainted. This inquiry may include information as to my skills, character, general reputation, and suitability for employment. Furthermore, I hold harmless Individual Support Services, Inc. and any and all respondents to a legitimate reference request from Individual Support Services, Inc. in consideration of my employment and hereby give my permission for both the inquiries and the responses.

I further understand that I have a right to request and receive a copy of any reports or information acquired through this reference investigation.

I am aware that if a position is offered, I will be required to submit to a pre-employment drug screen.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INTERVIEW COMMENTS:

ACTION TAKEN:

AN EQUAL OPPORTUNITY EMPLOYER

7/18/11

**INDIVIDUAL SUPPORT SERVICES, INC. is an equal opportunity employer.**

No applicant, for any position, is excluded from consideration based upon race, color, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

In order to comply with government record keeping and reporting requirements we ask that you provide the following data.

THIS INFORMATION IS NOT A PART OF YOUR APPLICATION FOR EMPLOYMENT. It is considered confidential information and it will not be used in any part of the hiring process including selection of applicants for job interviews.

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

GENDER: MALE \_\_\_\_ FEMALE \_\_\_\_

AGE: \_\_\_\_

RACE/ETHNIC GROUP: BLACK \_\_\_\_ WHITE \_\_\_\_ HISPANIC \_\_\_\_

AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_

ASIAN/PACIFIC ISLANDER \_\_\_\_ OTHER (SPECIFY) \_\_\_\_

ARE YOU A PERSON WITH A DISABILITY? \_\_\_\_

ARE YOU A VETERAN? \_\_\_\_ VIETNAM ERA? \_\_\_\_ DISABLED VETERAN? \_\_\_\_

OTHER SPECIAL VETERAN STATUS? \_\_\_\_\_

HOW DID YOU LEARN ABOUT OPPORTUNITIES WITH INDIVIDUAL SUPPORT SERVICES?

A ISS EMPLOYEE \_\_\_\_ FRIEND/RELATIVE \_\_\_\_ NO LEAD/WALK IN \_\_\_\_

ADVERTISEMENT \_\_\_\_ STATE EMPLOYMENT SERVICE \_\_\_\_ SCHOOL \_\_\_\_

OTHER \_\_\_\_

SPECIFY \_\_\_\_\_