

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



## EMPLOYMENT APPLICATION

APPLICANT INFORMATION															
Last Name			First			M.I.		Date							
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Are you 18 or older?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Social Security No.				Desired Shift:					
										Morning <input type="checkbox"/>					
										Evening <input type="checkbox"/>					
										Overnight <input type="checkbox"/>					
Desired Position:		Administration <input type="checkbox"/>			Residential <input type="checkbox"/>			Day Habilitation <input type="checkbox"/>			After-School Program <input type="checkbox"/>				
		Clinical <input type="checkbox"/>			Information Technology (IT) <input type="checkbox"/>			Food Service <input type="checkbox"/>			Transportation <input type="checkbox"/>				
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Employment Desired:		Management <input type="checkbox"/>		Full-Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Relief/Per Diem <input type="checkbox"/>		Volunteer <input type="checkbox"/>		Desired Salary		_____	
How did you hear about TILL Inc.?		Internet <input type="checkbox"/>		Newspaper <input type="checkbox"/>		Employee Referral's Name: _____									
Do you have?		a) Valid driver's license?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		b) A Car?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Do You have Current Certification for?		CPR <input type="checkbox"/>		First Aid <input type="checkbox"/>		Medication Certification <input type="checkbox"/>			Other <input type="checkbox"/> _____						
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Address															

**PREVIOUS EMPLOYMENT**

<b>Company</b>		<b>Phone</b>	
<b>Address</b>		Supervisor's full name:	
Job Title			
Responsibilities			
Month/year	Month/year	Reason for Leaving	
From	To		
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		<b>Phone</b>	
<b>Address</b>		Supervisor's full name:	
Job Title			
Responsibilities			
Month/year	Month/year	Reason for Leaving	
From	To		
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		<b>Phone</b>	
<b>Address</b>		Supervisor's full name:	
Job Title			
Responsibilities			
Month/year	Month/year	Reason for Leaving	
From	To		
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

