

Disability Allies

Employment Application



Disability Allies is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address		County	City / State	Zip
Home Phone Number	Cell Phone Number	Email Address		
Are You Legally Able to Work in The United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please Specify Your Auto Insurance Provider (if required to drive)		

If Selected for Employment:

Are You Willing to Submit to A Drug Test (Direct Care staff only) and a Background Check?

Yes No

Do You Have 5 or more Points on Your Drivers Record? (If required to drive)

We Will Check Your Driving Record As A Condition Of Employment.

Yes No

Position Applying For

Available Start Date	Position Applied For:	Number of Hours Available to Work Weekly
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Do You Have Experience Working with People with Special Needs? If so, briefly describe,

Emergency Contact Name, Relationship and Phone Number

Are You Able To Use Your Own Personal Vehicle To Transport Individuals with Special Needs?

Yes No

Hours Available to Work With Clients (If Applicable)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Education

School Name	Location	Did You Graduate	Degree Received	Major

Professional or Personal References

Name and Relationship	Company	Phone	E-mail

Employment History

Current Employer	OK to Contact?	Job Title		Department
Work Phone		Starting Date		Ending Date
Address		City	State	Zip
Prior Employer	OK to Contact?	Job Title		Department
Work Phone		Starting Date		Ending Date
Address		City	State	Zip
Prior Employer	OK to Contact?	Job Title		Department
Work Phone		Starting Date		Ending Date
Address		City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that a complete background check will be performed, and if offered a Direct Care position, I will be subject to a drug screen for employment purposes. In addition, I understand that if I am hired, I will be employed "at-will", and an offer is not to be construed as a contract of employment.

Name (Please Print or Type)	Signature (You can type your signature if need be)
Date	

If you require an accommodation at any point in the application process, please contact us at hr@disabilityallies.com or (732) 360-8065.