



Disability Action Center Application For Employment

Date Received _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____)____-_____	Are you a United States Citizen or legally eligible to work in the U. S.? _____Yes _____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Cell Phone: (____)____-_____			
Work Phone: (____)____-_____			
Are you 18 or over? _____Yes _____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by DAC or ILSNC? _____Yes _____No If Yes, list date(s) and job title(s): 			



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Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Program				
Do you have any relatives currently working for DAC? _____Yes _____No				
If Yes, list names and relationship to you:				
Are you employed now? _____Yes _____No				
If Yes, may we contact your present employer? _____Yes _____No				



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Employment History: Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, **do not use** “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay:		
Start _____ Finish _____		
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay:		
Start _____ Finish _____		



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Reason for Leaving:			
Employer:	Dates Employed: From _____ To _____	Job Title:	
Address:			
Telephone:		Job Duties:	
Weekly Pay:			
Start _____	Finish _____		
Reason for Leaving:			

Describe employment qualification for the position you are seeking: (Please include skills, special training, etc.)



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Please list any special awards, honors, scholarships, or offices held.

References: Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name:	Years Known: From _____ To _____	Relationship
Address:		
Telephone:	Job Duties:	

Name:	Years Known: From _____ To _____	Relationship
Address:		
Telephone:	Job Duties:	



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Name:	Years Known: From _____ To _____	Relationship
Address:		
Telephone:	Job Duties:	

Please indicate whether you hold the following valid driver's licenses:

Class A _____ Class B _____ Class C _____

Driver's License Number: _____ State Issued: _____

DAC remains dedicated to providing an environment of mutual respect where equal employment opportunities are available to all applicants and teammates. Persons with disabilities are encouraged to apply; reasonable accommodations provided as legally required. We celebrate diversity. We are committed to creating an inclusive environment for all. DAC believes that diversity and inclusion among our teammates is critical to our organization's success, and we seek to recruit, develop and retain the most talented people from a diverse applicant pool.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered cause of dismissal. You are hereby authorized to make investigation of my personal references.

Applicant Signature

Date