



CENTER FOR INDEPENDENCE EMPLOYMENT APPLICATION

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Serving 12 western Colorado counties with offices
in Grand Junction, Glenwood Springs, Montrose and Salida.
Empowering Individuals With Disabilities Since 1982

PERSONAL INFORMATION

Full Name: _____ Date: _____
 First Middle Last

Address: _____
 Street Address Apt/Suite

_____ City State Zip Code

Email: _____ Phone: _____

Date Available: _____ Desired Pay: \$ _____ Hour Salary

Position Applying for: _____

Employment Desired: Full-Time Part-Time

PRE-EMPLOYMENT QUESTIONNAIRE

Are you legally eligible to work in the U.S.? Yes No

Have you ever worked for this employer? Yes* No

*If Yes, write the start and end dates: _____

Do you have a valid drivers license? Yes - State of Issue _____ No

Have you had any accidents in the past 3 years? Yes No How many? ____

Have you had any moving violations in the past 3 years? Yes No How many? ____

EDUCATION

High School: _____ City/State: _____

Diploma GED

College: _____ City/State: _____

Graduate: Yes No Major/Degree: _____



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Other: _____ City/State: _____

Graduate: Yes No Major/Degree: _____

SUBJECTS OF SPECIAL STUDY OR INTEREST

Special Skills: _____

Activities: (Civic/Athletic, etc.)

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members.

CURRENT AND PREVIOUS EMPLOYMENT

CURRENT EMPLOYER 1: _____
Company/Individual

Address: _____
Street Address Apt/Suite

City State Zip Code

Supervisor's Name: _____

Supervisor's E-Mail: _____

Supervisor's Phone: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ May we contact your employer? Yes No

Reason for Leaving: _____

EMPLOYER 2: _____
Company/Individual

Address: _____



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Street Address _____ Apt/Suite _____
City _____ State _____ Zip Code _____

Supervisor's Name: _____

Supervisor's E-Mail: _____

Supervisor's Phone: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ May we contact your employer? Yes No

Reason for Leaving: _____

EMPLOYER 3: _____
Company/Individual

Address: _____
Street Address Apt/Suite

City _____ State _____ Zip Code _____

Supervisor's Name: _____

Supervisor's E-Mail: _____

Supervisor's Phone: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ May we contact your employer? Yes No



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Reason for Leaving: _____

REFERENCES (Professional Only)

- | | |
|--------------------|---------------------|
| 1. Full Name _____ | Relationship: _____ |
| Company: _____ | Title: _____ |
| E-Mail: _____ | Phone: _____ |
| 2. Full Name _____ | Relationship: _____ |
| Company: _____ | Title: _____ |
| E-Mail: _____ | Phone: _____ |
| 3. Full Name _____ | Relationship: _____ |
| Company: _____ | Title: _____ |
| E-Mail: _____ | Phone: _____ |

IN CASE OF EMERGENCY NOTIFY: _____

Phone: _____ Relationship: _____

MILITARY SERVICE

U.S. Military Service? Yes No

Branch: _____ Rank at Discharge: _____

What training and experience did you receive? _____

BACKGROUND CHECK CONSENT

If asked, are you willing to consent to a background check? Yes No

CENTER FOR INDEPENDENCE (CFI) IS AN AT WILL COMPANY. CFI conducts business in accordance with all applicable State and Federal laws. CFI is an equal



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opportunity employer (EOE) and does not discriminate on the basis of race, color, religion, national origin, sex, age, sexual orientation, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

BY SIGNING BELOW, "I certify that all the Information submitted on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, If I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time, by the company. I understand that no Company representative, other than its Chief Executive Officer, and then only in writing and signed by the CEO, agreement contrary to the foregoing."

Applicant Signature

Date

NOTE: A job offer is contingent upon acceptable references from current and/or former employers. BY SIGNING BELOW, "I give my permission for CFI to contact my current and/or previous employers and personal references as indicated in this application OR as I have provided in writing. I give permission for these employer/references to verify dates of employment, salary information, reason for leaving, and eligibility for rehire status."

Applicant Signature

Date

Email application, resume and other documents for consideration to: info@cfij.org.