The Center for Self Advocacy, Inc.

*1021 Broadway Street. Buffalo, NY 14204 768-1795*

 *“We help people with developmental disabilities work and advocate within their community and have an independent and productive lifestyle.”*

**Application for Employment**

1. **Applicant Background Information:**

Last Name: Middle Initial: First Name:

Date of Birth:

 Address: (City, State, Zip Code) Telephone: Email:

Job Title You are Applying For:

Do You Identify As Someone With Disability? If yes, you may explain if you choose:

Have you ever been convicted of a crime? Circle Yes Or No.  **Answering the question is required and does not disqualify your application.**

If Yes Explain:

1. **Work Experience:**

**Please List Three Most Recent Employers:**

1. Company Name and Address: Dates Employed: (Use current if still working here.)

Supervisor Name/Telephone #: May We Contact: (Yes/No)

Job Duties (Briefly Explain):

Reason for leaving:

1. Company Name and Address: Dates Employed: (Use current if still working here.)

Supervisor Name/Telephone #: May We Contact: (Yes/No)

Job Duties (Briefly Explain):

Reason for Leaving:

1. Company Name and Address: Dates Employed: (Use current if still working here.)

Supervisor Name/Telephone #: May We Contact: (Yes/No)

Job Duties (Briefly Explain):

Reason for Leaving:

Have you ever worked with people with disabilities? If Yes, Please Describe: (if not explained above.):

1. **References: Please List 3 references that you know from work, education, or the community. No relatives.**

**Name Telephone Relationship Profession**

 **1.**

 **2.**

 **3.**

1. **Supplemental Information. Please Comment Below with Any additional information you wish to share as it relates to your job application. This includes reasonable accommodations if disabled and other specific details related to work.**

**Applicant Signature:**

**Date:**

**Reviewed by:**