

## JOB APPLICATION

INHS is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, they may contact [info@ithacanhs.org](mailto:info@ithacanhs.org), 607-277-4500.

*Please fill out all of the sections below:*

### **Applicant Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

### **Employment Position**

Position(s) applying for: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
On what date can you start working if hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary or hourly wage desired: \_\_\_\_\_  
What skills do you have that apply to this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for INHS before? \_\_\_\_\_  
If yes, when? \_\_\_\_\_  
Do you have any friends, relatives, or acquaintances working for INHS? \_\_\_\_\_  
If yes, please list name and relationship: \_\_\_\_\_

**Previous Employment**

Employer Name:

Job Title:

City and State:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

City and State:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

City and State:

Dates Employed:

Reason for leaving:

**References**

Please provide 3 references below:

Reference	Contact Information

*Note: INHS complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

Applicant Signature:

Dated: