

Email: integratedcommunityliving@iclpinc.com

Address: 2200 W Hamilton Street Suite 318 Allentown PA 18104

2333 West Highland St. Allentown, PA 18104 Phone: 484-221-8118 Fax: 484-221-8129

Integrated Community Living and Participation Inc.

OUR MISSION

Integrated Community Living & Participation provides residential care for adults with disabilities. We welcome you to experience "our heart is always open policy". Our number one goal is to provide the highest quality of care to everyone. of our clients. Our professional staff members are hand selected to ensure a family orientated environment where our motto is "home away from home". We believe neighborhoods and communities are enriched when all citizens, including people with disabilities, fully participate. We believe that citizenship should not be limited by the attainment of skill levels; instead, community participation is a right that belongs to us all. Individual's rights can only be fully enjoyed. when everybody has as much control over their day-to-day life as possible.

Position desire:		Date available:	/
Type of Employment Desire: Full ti	me: Part time:]	
Desire salary range:			
How did you learn about Integrated Cor	nmunity Living and Par	ticipation Inc? (plea	ase specify)
EMPLOYMENT APPLICATION			
Integrated Community Living and Participation on race, color, sex, age, national origin or crand union affiliations.		, , ,	
DATE:/			
Last Name:	First Name:		M.I
Street Address:			
City:	Zip Code:	State:	
Home Phone:	Alternate Phone:		
E-mail Address:			
Social Security Number:			
DOB://			
Do you have a valid Driver's License? Yes	□ No □ Class:	C Yes 🗖 No	.
Driver's License #:	State:		
Expiration Date:/			

SHIFT AVAILABILITY: (Please check appropriate box)
Are you able to work every other weekend ? Yes No
Days of availability: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Shift : 12 am- 8 am 8 am- 4pm 4pm- 12am
ETHNICITY:
African American/Black Caucasian/White Asian American American Indian/Alaska Native
☐ Native Hawaiian/ Pacific Islander ☐ Other
Are you Hispanic or Latino? Yes No
Do you speak any language(s) other than English? Yes \(\square\) No \(\square\) Specify
Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation? Yes No If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office. If yes (when) explain
Have you ever been convicted of, plead guilty or no contest) to, or received probation, suspension, or deferred adjudication for a felony or misdemeanor? Yes No If Yes please explain
Have you ever been convicted of any offense involving fraud, neglect, abuse, sexual assault (including, but not limited to, theft, swindling, and indecency with a minor)? Yes No If yes, please state where, when, and the nature of the offense
Have you ever served in the U.S. military? Yes □ No □
Do you have the legal right to obtain employment in the United States? Yes \square No \square
Can you perform the essential functions and responsibilities of the position for which you are applying? Yes No If no, explain:
Do you require any special accomodation to perform required duties? Yes □ No □
If yes, explain:
Have you ever worked for Integrated Community Living & Participation before? Yes ☐ No ☐
If so, give date(s) of employment and position(s) held:

Do any of your relatives w	ork for Integrated	Community Living	& Participation? Yes \Box	No 🗖	
If Yes, please give name (s):				
PERSONAL REFERENCES					
You must provide at least give full names and phone					
NAME:		ADDRESS: _			_
CITY	STATE	ZIP CODE _	PHONE #: ()	
NAME:		ADDRESS: _			
CITY	STATE	ZIP CODE _	PHONE #: ()	
PROFESSIONAL REFRENC	CE:				
You must provide one pro name, address and phone		e search as (your d	irect supervisor, director	or HR personr	nel) with full
NAME:		ADDRESS:			
CITY	STATE	ZIP CODE	PHONE#: ()	
EDUCATION AND SKILLS	:				
Level of education: High	n school 🔲 GED	□ COLLEGE □			
Degree: □ Diploma:					
Did you graduate? Yes	☐ No ☐ Pleas	se specify degree	:		
SCHOOL INFORMATION:		NATIONAL	☐ INTERNATIONA	AL:	
SCHOOL NAME:		Α	ADDRESS:		
CITY:	STA	ATEZIP C	CODE:		
COUNTRY:	C	ITY:	POSTAL COD	E:	

				List la	ıst 2 wo	ork history starting with	the most recent	_
From:	/	/	To:	/	/	Beginning Salary	\$ Ending S	
Name o	f Emplo	oyer:					May we contact	t? Yes 🗖 No 🗖
If no ple	ease exp	olain:						
Address	SS:					City:	Sta	ate Zip:
Supervis	sor's Na	ame:					Phone Number: ()
Title and	d duties	s perfo	rmed:					
Reason	for leav	/ing:						
From:	/	/	To:	/	/	Beginning Salary \$	Ending S	Galary \$
Name o	f Emplo	oyer:					May we conta	ct? Yes 🔲 No 🗖
If no ple	ease exp	olain:						
Address	5:					City:		State Zip
Supervis	sor's Na	ame:					Phone Numbe	r: ()
Title and	d Dutie	s Perfo	rmed:					
Reason	for Lea	aving:						
								e best of my knowledge and ay be grounds for rejection
						uent employment. I autho yment and any pertinent		listed above to give you all ay have, personal or
other	wise.							
	. ند							
Empl	oyee Si	gnatur	e					Date