



# 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 People 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



## CENTER FOR INDEPENDENCE EMPLOYMENT APPLICATION

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



# CENTER FOR INDEPENDENCE EMPLOYMENT APPLICATION

**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 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@cfigj.org](mailto:info@cfigj.org).