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Employment Inquiry

Note: A pre-employment background check and motor vehicle record check is required by Living Innovations prior to employment.

If you prefer, you can download this form as a pdf and fax it to us at (603) 772-5690. You will need Adobe Acrobat Reader to view the pdf, download a free copy [here](#)

Application Date *	<input type="text"/>
First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
Current Address:	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text"/>
Zip: *	<input type="text"/>
Phone: *	<input type="text"/>
Email Address: *	<input type="text"/>
Position Applied For:	<input type="text"/>
How did you hear about us?:	<input type="text"/>
Have you ever applied with us before?: *	<input type="radio"/> Yes <input type="radio"/> No
Are you legally authorized to work in the US?: *	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been convicted of a crime?: *	<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain:	<input type="text"/>
Have you worked a similar position before?: *	<input type="radio"/> Yes <input type="radio"/> No

Where?:

- What mileage radius are you willing to travel from home for work?:
- Less than 25 miles
 - 26-50 miles
 - 51-75 miles
 - More than 75 miles

- Work Availability: *
- Full-time
 - Part-time

How many hours would you like to work per week?:

- What days are you available to work?: *
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - Sunday

What hours are you available to work?: *

- Do you have previous experience working with people with disabilities?: *
- Yes
 - No

- Do you have previous experience working with the elderly population?: *
- Yes
 - No

Please describe your experience working with the elderly or people with disabilities: