



Torch Light Residential LLC. 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 should contact a company representative.

Please fill out all the sections below:

Applicant Information:

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employment Position: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What hours or shifts are you available for work?

On what date can you start working if you are hired? \_\_\_\_\_

Salary desired? \_\_\_\_\_

Personal Information:

Are you 18 years of age or older? Yes or No

Are you a U.S. citizen or approved to work in the United States? Yes or No

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_  
\_\_\_\_\_



Will you consent to a mandatory controlled substance test? Yes or No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes or No

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Do you permit Torch Light Residential representatives to contact previous or current employers? Y or N

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying: \_\_\_\_\_

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**Education and Training:**

**High School**

Name	Location(City, State)	Year Graduated	Degree Earned Y or N

**College/University**

Name	Location(City, State)	Year Graduated	Degree Earned Y or N



Vocational School/Specialized Training

Name	Location(City, State)	Year Graduated	Degree Earned Y or N

Military:

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employment:

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Employer Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

References:

Please provide three personal and three professional references(s) below:

Name	Contact Information	Professional/ Personal

Additional Information:

All applicants will complete the Pre-employment Criminal History Background Check, Registry Motor Vehicle License and Violation Check, and others. Please sign below if you give Torch Light Residential Consent. Applicant Signature: \_\_\_\_\_



Requirements:

All hired applicants will be part of a team of well-trained staff to provide support, direction, and oversight to individuals with intellectual and developmental disabilities. Applicants are required to be CPR/First Aid Certified before hire and 90 days of employment DDS Med Certified.

Please be aware that there may be additional job requirements not listed on the Application that may apply. Please List any prior or current certifications. \_\_\_\_\_

Applicants must possess basic computer skills. Applicant has read and acknowledged the contents of the At Will Employment and All Requirements.

Employee Signature: \_\_\_\_\_

At-Will Employment:

The relationship between you and Torch Light Residential LLC is referred to as “Employment At Will”. This means that your employment can be terminated at anytime for any reason, with or without cause, with or without notice, by you or Torch Light Residential LLC. No representative of Torch Light Residential LLC has authority to enter into any agreement contrary to the foregoing “Employment At Will” relationship. You understand that your employment is “at will”, and you acknowledge that no oral written statement or representations regarding your employment can alter your at will employment status, except for a written statement signed by you and Torch Light Residential owner/ Managing Director.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Managing Director: \_\_\_\_\_

Date: \_\_\_\_\_