



## Job Application Form

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

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

**Extended Address:** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**SS Number:** \_\_\_\_\_

**Job Position Sought:** \_\_\_\_\_

**Computer Literate:** Yes  No

**Mobility Issues:** Yes  No

(If yes, please describe) \_\_\_\_\_

Please write a brief description of your current situation:

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

### Application Instructions:

- All application information is confidential.
- By submitting this application you are agreeing to an employment background check.
- Please include a copy of your resume with the completed application form.
- Mail your completed job application form and resume to:

**Universal Abilities**  
**P.O. Box 148**  
**Coram, New York 11727**

A Universal Abilities client service manager will contact you when your application form is received.