

**Community Residences Inc.
732 West St., #12
Southington, CT 06489**

We are an equal opportunity employer. We comply with all applicable, Federal, State and Local laws concerning discrimination in employment.

PLEASE FILL OUT COMPLETELY, AND ATTACH TWO LETTERS FROM PROFESSIONAL SOURCES, (i.e. current supervisor, past supervisors), OR ONE LETTER OF RECOMMENDATION FROM PROFESSIONAL SOURCE AND A COPY OF YOUR LAST JOB PERFORMANCE EVALUATION.

Position applied for: _____ Date: _____
Referral Source: Newspaper: (Name of Paper) _____
 Walk in Employee: (Name of Employee) _____
 Government Employment Agency Web site Other _____



Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: () _____ Social Security # : _____

The best time to contact you at home:..... : _____

May we contact you at work?.....Yes / No
If yes, work number and best time to call.....() _____ :

Have you submitted an application here before.....Yes / No
If yes, give dates..... / / _____

Have you been employed or been a Foster Care Provider here before?.....Yes / No
If yes, when and what position.....When: _____ - _____ Position: _____

Are you legally eligible for employment in this country?.....Yes / No

Salary Desired:.....\$ _____ Per _____

Type of employment desired:..... Full time Part time Substitute

Shift Available:..... 1st 7am-3pm 2nd 3-11pm 3rd 11p-7am

Days Available:..... Mon Tues Wed Thurs Fri Sat Sun

Will you travel if the job requires it?.....Yes / No

Are you able to meet the attendance requirements of the position?.....Yes / No
(i.e. Arrive to work on time, and work scheduled shifts)

Will you work overtime if required?.....Yes / No

If no, please explain _____

Have you ever been accused of abuse/neglecting anyone in your care?..... Yes / No

Do you have a valid driver's license?..... Yes / No

Driver's License Number: _____ **State** _____

Employment History

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (**use additional sheets if necessary.**) Explain any gaps in employment in the COMMENTS section below.

From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and Job Responsibilities:	
Hourly Rate/ Salary: \$ Per Week/ Year		Reason for Leaving: May we contact for a reference? Yes No	

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Hourly Rate/ Salary: \$ Per Week/ Year		Reason for Leaving: May we contact for a reference? Yes No	

COMMENTS: EXPLAIN ANY AND ALL GAPS IN EMPLOYMENT:

SKILLS and QUALIFICATIONS: Summarize any special training, skills, Licenses, and/ or certificates that may qualify you as being able to perform job related functions in the position you are applying.

RECORD OF EDUCATION:				
Name and Location:	Years Completed	Did you Graduate?	Course of Study	Degree
High School:				
College:				
Other:				

ADDITIONAL INFORMATION:

List any additional Information you would like us to consider:

REFERENCES:

Please list three professional references (Supervisors, Directors, Human Resources, etc.).
Excluding Friends and relatives.

NAME / TITLE	COMPANY	RELATIONSHIP	PHONE #	YEARS KNOWN

AN EQUAL OPPORTUNITY EMPLOYER. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/ OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE HUMAN RESOURCES DEPARTMENT. Revised 06/21/00.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that if I am hired, that I will be required to have a Post Offer physical with CRI 's occupations physician. I will be required to pay for the physical, and will be examined for the ability to perform the essential job functions, which may include a lift and transfer requirement. The inability to perform the physical requirements as determined by the occupational physician, may result in rescission of the employment offer.

If the position requires driving in the course of the job, I will be required to have a current and valid CT driver's license and will be required to provide a copy if I am hired.

I understand that if hired, the position may require working weekends or holidays to maintain adequate staffing ratios.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____

Date: ____ / ____ / ____