

APPLICATION FOR EMPLOYMENT

Ädelbrook, Community Services Inc.
60 Hicksville Road, Cromwell, CT 06416

SexOff ___

Police ___

CentReg _

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- Advertisement Relative/Friend Career Fair
 Internet CT Unemployment Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Telephone Number(s) _____

Best time to contact you is: _____

Have you filed an application with us before? Yes No
If yes, give date _____

Have you been employed with us before? Yes No
If yes, give date _____

Do any of your friends or relatives work here? If yes, who _____ Yes No

Are you currently employed? If yes, ___ full-time ___ part-time Yes No

Were you ever dismissed for cause from a position in a public or private school or child-care facility? Yes No
If yes, describe in full.

Are you prevented from legally becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Date available for work: ___ / ___ / ___ Desired wage / salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
Part-Time (please indicate Mornings Afternoons Evenings)
Temporary (please indicate dates available ___/___/___ - ___/___/___)
Per diem (please indicate hours/week) _____

The information provided in this Application for Employment is true, correct and completed by me. I understand that omission or falsification of information in this application may disqualify me for positions at Ädelbrook, and its' subsidiaries and the offer of employment is contingent upon the results of DCF, State and Federal criminal (if applicable) background checks, CT or out of state motor vehicle checks and a drug test consistent with CT State law. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date: ___/___/___ Signature _____

I, _____ do hereby authorize the Department of Children and Families to research <i style="margin-left: 100px;">Applicant Name</i>										
its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for <i>(check one)</i> :										
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:										
Name of Agency:					Attention:					
Address: (No. and Street):			Apartment #	City:			State:		Zip:	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.										
Last Name		First Name:			Middle:		DOB:		SS:	
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Years at current address?: Years Months		
Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Address: (No. and Street):			Apartment #:	City:		State:	Zip:	Dates From: (Month/Year)	Dates To: (Month/Year)	
Other Names I have Used – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		SS:	
Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		Signature (if still in Home)	Date:
Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i>								<input type="checkbox"/> Check if reverse side used		
Last Name		First Name:			Middle:		DOB:		Gender:	
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant Signature:								Date:		
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE. ****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF										
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071 <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>										
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No				Processors Initials:				

Ädelbrook

Procedures, Driving Record Verification

As a candidate for employment, I understand that my employment may require me to drive agency vehicles for activities necessary to agency operations. I also understand that my driving record must meet the "Driver Acceptability Guidelines" set by the agency's automobile insurance carrier. By signing this form, I authorize the agency to verify my DMV driving record, 1) initially upon hire or as a condition of hire, and 2) periodically as required during my employment with the agency. Results of the DMV records review will be provided to the Human Resources Department to assist in determining my eligibility to safely drive company owned, leased or rented vehicles. They also will be filed in my confidential personnel file.

I certify that the information disclosed below is true to the best of my knowledge. I also agree, if hired, that it is my responsibility to notify my supervisor and/or Human Resources within 24 hours of any violation in which I was involved that is listed in the Driver Acceptability Guidelines. I understand that failure to disclose violations to the agency may result in disciplinary action, up to and including termination of employment.

Driver Acceptability Guidelines to be approved to drive agency vehicles/hired include:

- Maximum of 1 moving violation in the past 3 years in combination with one at fault accident.
- Maximum of 2 moving violations in the last 3 years with no at fault accidents.
- Maximum of 2 at fault accidents in the last 3 years with no moving violations.
- No felony convictions involving the use of motor vehicles.
- No speeding over 80 miles per hour.
- In last 3 years: DUI; Careless Driving; Operation of vehicle while suspended; suspension/revocation for other than failure to pay fines; any criminal use of a motor vehicle.
- Driver's license must be valid and currently in force with adequate State of CT defined auto insurance.

I understand that if my driving record does not meet the above guidelines, I cannot be offered a position in which driving agency vehicles is a requirement.

I am aware of the following violations against my driving record:

Violation Description

Date of Violation

Driver's License Number

State

Expiration Date

Suspended yes ___ no ___

Date: _____ Reinstated:

Candidate's Printed Name and Signature

Date