

# 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, name: \_\_\_\_\_ relationship: \_\_\_\_\_  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 \_\_\_\_\_

## EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Agency Name	Telephone (      )
	Address	Employed - (State month and year) From    To
	Name of Supervisor	
	State Job title and Describe Your Work	Reason for leaving
	e mail address	

<b>2</b>	Agency Name	Telephone (      )
	Address	Employed - (State month and year) From    To
	Name of Supervisor	
	State Job title and Describe Your Work	Reason for leaving
	e mail address	

<b>3</b>	Agency Name	Telephone (      )
	Address	Employed - (State month and year) From    To
	Name of Supervisor	
	State Job title and Describe Your Work	Reason for leaving
	e mail address	

## EDUCATION

You may be asked to supply a copy of your college or high school diploma prior to hire.

SCHOOL	Name and Location	Course of Study	# Years Completed	Did You Graduate?	Degree/Year Earned
Graduate					
Undergraduate					
Bus. /Trade/Tech					
High School					

May we contact your present employer? <i>(Circle your response.)</i>	Yes	No
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List all job related training, licenses and certifications including expiration dates:

### PROFESSIONAL REFERENCE

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### PROFESSIONAL REFERENCE

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### PROFESSIONAL REFERENCE

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_

# 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

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\_\_\_\_\_  
Driver's License Number

State

Expiration Date

Suspended yes \_\_\_ no \_\_\_

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

\_\_\_\_\_

Candidate's Printed Name and Signature

Date

I, <i>(Applicant Name)</i> : _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the <i>me</i> 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: _____	<p style="text-align: center;"><i>(This area for DCF Use only)</i></p> Date Processed: _____ Central Registry: <input type="checkbox"/> YES <input type="checkbox"/> NO Processor's Initials: _____
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Name of Agency <i>(requesting background check)</i> :	Attention:		
Address: (No. and Street):	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.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street):	Apartment #:	City:	State:	Zip:
Years at current address?" Years                      Months				

List All Previous Applicant Address(es) for the Last Five Years <span style="float: right;"><input type="checkbox"/> Check if an additional sheet is necessary, and attached</span>							
Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From:	Dates To:	
					Month    Year	Month    Year	

Other Names I have Used – <i>Including Maiden, Previous Marriages(s)</i> <span style="float: right;"><input type="checkbox"/> Check if an additional sheet is necessary and attached</span>							
Last Name	First Name:	Middle:	DOB:	SS:			

Name of Spouses/Other Adults in the Home – <i>Past and Present</i> <span style="float: right;"><input type="checkbox"/> Check if an additional sheet is necessary and attached</span>					
Last Name	First Name:	Middle:	DOB:	Signature (if still in the home)	Date:

Names of ALL Child(ren) – <i>Biological, Stepchildren, Including Adult Children In or Out of the Home</i> <span style="float: right;"><input type="checkbox"/> Check if an additional sheet is necessary and attached</span>				
Last Name	First Name:	Middle:	DOB:	Gender:

Do you have an active DCF investigation at this time?     Yes     No    Do you have an active appeal of a DCF investigation at this time?     Yes     No

Applicant Signature:	Date:
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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.

**How To Submit:** Email: [DCF.BackgroundCheck@ct.gov](mailto:DCF.BackgroundCheck@ct.gov) | Fax: 860-560-7071 | Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.