



The Arc of the Farmington Valley, Inc. 225 Commerce Drive. PO Box 1099. Canton CT 06019-1099
 "Equal Opportunity Employer – Affirmative Action Program"

APPLICATION

- Employment Volunteer Internship
 Check all that Apply

Date: _____			
Last Name	First Name	Middle	
Current Address: Street		City	State Zip Code
Home Phone No.	Cell Phone	E-mail Address	Referred by
Proof of Eligibility to Work in U.S.? YES ____ NO ____	Over 18? YES ____ NO ____	Have you been fired from a job? YES ____ NO ____	Felony or Misdemeanor convictions? YES ____ NO ____
<i>Convictions do not automatically disqualify applicants.</i>			
Driver's License	State	Public Service Operator	YES ____ NO ____

Employment Preferred:

Position Desired	Full Time ____	Start Date	Pay rate Desired
Locations willing to travel _____	Part Time ____		
	Substitute	Days/Times available	
Currently Employed? YES ____ NO ____	If yes, may we contact your present employer? YES ____ NO ____	Current Pay Rate Hour /Annual \$ _____	
Previously Employed at Favarh YES ____ NO ____	Ever Applied To Favarh Before? YES ____ NO ____	What position?	When?

Education:

Name and Location	last year completed	Graduate Yes/No	Subjects Studied & Degree(s) Earned
College/University:	1 2 3 4		
Trade, Business or Correspondence School:	1 2 3 4		
High School:	1 2 3 4		

Special Training or Certifications Courses or Related Experiences? _____ _____ _____

Medication Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date: _____ CPR: Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date: _____
First Aid: Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date: _____ Physical/Psych Mgmt Training (PMT): <input type="checkbox"/> Yes No <input type="checkbox"/>
Other: _____

Work Experience: Start with your most recent experience including volunteer or internship experience.

Month/Year	Name / Address/ Phone Number.	Title / Duties	Reason for Leaving / Pay Rate
Start: End:			
Start: End:			
Start: End:			
Start: End:			

References: List names of three (3) persons, not related to you, who have Supervised your work.

Supervisor's Name	Phone No.	Company/ & Position	Years (Dates) Acquainted
1.			
2.			
3.			

Note: Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

PHYSICAL RECORD: Do you have any physical condition that may limit your ability to perform the job for which you are applying?
 Yes No If yes, please explain: _____

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application. I understand that misrepresentation/falsification or omission of facts is cause for termination. Furthermore, I understand and agree that if employed, my employment is **at will** and is not for a definite period and may, regardless of the date of payment of wages earned, be terminated at any time by my own will or the employer's without any notice and or reason as outlined in The Arc of the Farmington Valley, Inc.'s Policies. I have fully read the job description and understand the responsibilities. **Authorization for Release of Information I, Applicant Signature _____, hereby authorize the release of information regarding employment history, criminal background, driving record, DDS neglect/registry and drug test results to The Arc of the Farmington Valley, Inc. Favarh.**

Signature: _____ **Date:** _____

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF Not SIGNED AND DATED.

