

## APPLICATION FOR EMPLOYMENT

\*\* PLEASE PRINT CLEARLY \*\*



<b>DATE:</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Social Security No.</i>
<i>Present Address: No., Street</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Home Phone No.</i>	<i>Cell Phone No.</i>	<i>E-mail Address</i>	<i>Referred by</i>
<i>ELIGIBLE TO WORK IN USA?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>OVER 18?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>HAVE YOU EVER BEEN CONVICTED OF A FELONY?*</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Driver's License #</i>	<i>State</i>	<i>Date of Birth</i>	<i>PSO License?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>

**EMPLOYMENT DESIRED:**

<i>Position</i>	<i>Full Time</i> <input type="checkbox"/>	<i>Date You Can Start</i>	<i>Salary Desired</i>
	<i>Part Time</i> <input type="checkbox"/>		
<i>Currently Employed?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>If yes, may we contact your present employer?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Ever Applied To This Agency Before?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>For what position?</i>		<i>When?</i>

**EDUCATION:**

<i>Name &amp; Location of School</i>	<i>Circle last year completed</i>	<i>Did you graduate?</i>	<i>Subjects Studied &amp; Degree(s) Earned</i>
<i>College:</i>	1 2 3 4		
<i>Trade, Business or Correspondence School:</i>	1 2 3 4		
<i>High School:</i>	1 2 3 4		

<i>Subject of Special Study or Research Work - Other Courses or Related Experiences - Specialized Training? Describe</i>

<i>Medication Certificate:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Exp. Date:</i> _____	<i>CPR:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Exp. Date:</i> _____
<i>First Aid:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Exp. Date:</i> _____	<i>PMT:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>PART:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Other:</i> _____	

\* A felony is any offense for which a person may be sentenced to a term of imprisonment in excess of one year.

**WORK EXPERIENCE:** *Begin with most recent and include volunteer experience, if job related. List all positions held which are necessary for determining your eligibility for employment. You must fill out this form completely, even if a resume is attached.*

Month/Day/Year	Name/Address/Phone No. of Employer	Position Duties	Reason for Leaving
End: Start:			
End: Start:			
End: Start:			
End: Start:			

**REFERENCES:** Give below the names of three (3) persons, unrelated to you, who have supervised you.

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

**NOTE TO APPLICANT:** *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 or omission of facts called for is cause for dismissal. Further, I understand and agree that if employed, my employment is not for a definite period and may, regardless of the date of payment of my wages, be terminated at any time by my own will or the employer's without any previous notice for reasons outlined in Farmington Valley ARC, Inc.'s Policies and Procedures Manual. I have fully read the job description and understand the responsibilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the release of information concerning  
(Candidate Signature)  
my past employment to the Farmington Valley ARC, Inc.

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### For Office Use Only

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

has applied for employment at this agency as \_\_\_\_\_

and has referenced work experience with you. Will you kindly complete the following form and fax it to us at your earliest convenience to **860-693-8812**. This is a *secured fax line* and the information you give will be kept strictly confidential. Thank you for your assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Personnel Administrator

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Position Held: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reasons for Separation: \_\_\_\_\_

Eligible for Re-employment: Yes  No  If No, please explain: \_\_\_\_\_

Please check the appropriate column below, indicating an evaluation of the applicant:

	Very Good	Good	Fair	Poor
Work record in general				
Judgement				
Cooperation				
Attendance Record				
Conduct in general				

Comments or remarks: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

## BACKGROUND INFORMATION RELEASE

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I authorize Farmington Valley ARC, Inc., to conduct a background check on me. The Agency may also check for:

1. Motor vehicle violations,
2. Felony convictions,
3. Criminal history,
4. DMR Registry.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## NOTICE TO APPLICANTS

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Farmington Valley ARC, Inc. requires successful completion of a urinalysis drug test as part of its pre-employment screening process for potential employees applying for safety-sensitive positions.

Additionally, Farmington Valley ARC, Inc. requires successful completion of a urinalysis drug test if the Farmington Valley ARC, Inc. has reasonable suspicion that the employee is under the influence of drugs or alcohol which adversely affects or could adversely affect the employee's job performance.

Farmington Valley ARC, Inc. also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random urinalysis drug testing.

Drug tests are conducted for the Farmington Valley ARC, Inc. by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the Farmington Valley ARC, Inc.'s other criteria for employment.

Because we are required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice indicating that you understand our policy.

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Have you ever taken the DMR Medication Test?

NO  Stop here.      YES  Please continue...

1. Medication Certification Expiration Date: \_\_\_\_\_
2. Have you ever been convicted of a crime involving the manufacture, sale, dispensing, possession, or possession with intent to sell any controlled substance?  
YES       NO
3. Is your current Medication Certificate under review for possible suspension or revocation?  
YES       NO
4. Has your Medication Certificate been suspended or revoked?  
YES       NO

***Thank you for your time and interest in FAVARH!***