

**EASTERN COMMUNITY DEVELOPMENT CORPORATION
APPLICATION FOR EMPLOYMENT**

Applicant are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

Please print

Date of Application:						
Position Applied For:						
Referral: (check one) Advertisement: ___ Friend ___ Relative ___ Walk-In ___ Other ___						
Specify:						
Name:					Telephone:	
Last		First	Middle (full)		(Maiden)	
Address:						
Street		City	State		Zip Code	

	YES	NO
If employed and you are under 18, can you furnish a work permit?		
Have you ever filed an application here before?		
Have you ever been employed here before?		
Are you employed now?		
May we contact your present employer?		
Do you have a valid Connecticut Driver's License?		
Have you had your driver's license for three or more years?		
Do you have your own vehicle?		
Can you use your vehicle to transport residents, if necessary?		
Are you CPR certified? Expiration Date:		
Are you Medication Administration Certified? Expiration Date:		
Have you ever had your Medication Administration card revoked and/or sanctioned?		
Do you and will you have a telephone?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment?)		
Are you a veteran of the U.S. Military Service? Branch:		

On what date would you be available for work?
Are you available to work? FULL TIME ___ PART TIME ___ FILL IN ___

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:	Dates Employed From: To:	Work Performed:
Address:		
Telephone #:		
Supervisor:	Ending Wage	
Reason for Leaving:	\$ /	

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EDUCATION

	School Name	Studies	Years Completed	Diploma/Degree
High School				
College/University				
College/University				
Graduate				
Trade Schools				

Special skills and/or qualifications acquired from employment or other experience.
List professional, trade, business or civic activities and offices held. Exclude those which indicate color, Religion, sex, or national origin.
Any additional information you feel may be helpful to us in considering your application

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are previous employers.

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

APPLICATION AGREEMENT:

- * This position requires a valid Connecticut driver's license, private use of a vehicle and a private telephone number you can be reached at. If you at any time have a traffic violation and/or your license is suspended or revoked, you must notify your supervisor immediately. You must at all times meet the insurance criteria as an acceptable driver. See attached list of acceptable driver guidelines.
- * I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.
- * I authorize the agency to conduct a Motor Vehicle Report and a Criminal Background Search for employment purposes.
- * I understand that required training must be completed within 180 days of employment. Failure to complete all training will result in termination.
- * I understand that if hired by the company that my continued employment will be subject to annual police checks.
- * And I understand that if I am arrested during employment that it is my responsibility to contact my supervisor and ECDC is authorized to complete whatever Motor Vehicle Reports or a Criminal Background Searches are necessary.

Signature of Applicant

Date

*****APPLICATIONS WILL BE KEPT ON FILE FOR A MAXIMUM OF THIRTY DAYS*****

**EASTERN COMMUNITY DEVELOPMENT CORPORATION
EMPLOYEE WRITTEN REFERENCE REPORT**

ATTENTION: _____

The following person, _____, has applied for a job with this corporation. This person will be working in a residential program as a _____ with developmentally disabled persons. It would be appreciated if you

would complete the reference information that is contained in this report.

RELEASE OF PERSONNEL INFORMATION

I request that you release any and all information to this corporation on my behalf.

Signed: _____ Dated: _____

1. During what period was the applicant employed by your agency? From _____ To _____
2. In what position was this individual employed by your agency? _____
3. For what reason did this person terminate from employment? _____
4. Did the applicant voluntarily terminate from employment with your agency or did the agency terminate this individual? _____

5. For the time the applicant was in your employment, please rate the following:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
A. Work Attendance	_____	_____	_____	_____
B. Punctuality	_____	_____	_____	_____
C. Work Quality	_____	_____	_____	_____
D. Work Quantity	_____	_____	_____	_____
E. Cooperation with Others	_____	_____	_____	_____
F. Attitude	_____	_____	_____	_____
G. Reliability	_____	_____	_____	_____
H. Enthusiasm	_____	_____	_____	_____
I. Appearance/Personal Grooming	_____	_____	_____	_____

6. Are you aware of any problems this individual has that have impacted or may impair his/her ability to perform the job? _____
7. Are you aware of any outstanding characteristics this individual possesses? _____
8. Is this individual eligible for rehire with your agency? If no, please explain. _____

Thank you for your assistance.

Name & Title of person completing report

Relationship to applicant

Company Name/Address/Telephone Number

Please return this report to: Eastern Community Development Corporation
156 Cross Road
Waterford, CT 06385

Eastern Community Development Corporation

Manager Selection Rating Analysis

Applicant Name: _____

Date: _____

1. What job responsibilities do you think a residential manager has?

2. What are your qualifications (experience or training) for this position?

3. What is your personal philosophy regarding training and habilitation of persons with all levels of abilities and needs?

4. What is your personal philosophy regarding community integration of persons with all abilities and needs?

5. What is your personal philosophy regarding management of staff?

6. What are your areas of strengths?

7. What areas would you like to make improvements on?

8. If hired for this position what type of commitment (i.e. 6 months, 1 year, etc.) would you be willing to make to the residents and agency?

9. How would you handle the following situations:

a. Resident medical emergency

b. Short staffed/have to cover hours last minute

c. Negative comments or gossip among staff

d. Employees repeatedly not following instruction from you

e. Employees doing an outstanding job

f. Employees interacting or not interacting positively with residents

10. How do you handle instructions or criticism from a supervisor?

11. How would you offer criticism or instruction to employees?

12. Briefly describe how you would manage a residence (i.e. activities, programming, physical appearance of house, etc.)
