

**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: <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other <input type="checkbox"/>					
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 able to provide us with proof of registration and insurance on your vehicle?		
Are you Medication Administration Certified? Expiration Date:		
Have you ever had your Medication Administration card revoked and/or sanctioned?		
Are you CPR certified? Expiration Date:		
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 <input type="checkbox"/> PART TIME <input type="checkbox"/> FILL IN <input type="text"/>

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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

PROFESSIONAL REFERENCES:

Give name, address and telephone number of three references who are not related to you and are previous employers. Please note that we must contact past employers prior to employment.

Name	Company/Relationship	Telephone Number
Name	Company/Relationship	Telephone Number
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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. Criminal Background Search and DDS Abuse and Neglect Registry Search for employment purposes.
- * I understand that required training must be completed within 180 days of employment. Failure to complete and maintain all training will result in termination.
- * I understand that if hired by the company that my continued employment will be subject to annual Motor Vehicle Report. Criminal Background Search and DDS Abuse and Neglect Registry Search.
- * 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*****

ONLY a signature and the date is needed from the applicant on this page

**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

Availability Calendar

Name: _____

Please note that: our day runs 12:00 am to 11:59 pm, our week runs Sunday-Saturday, and most of our positions have pre-set schedules. In addition, most positions require one or both weekend days as well as holiday availability.

Days & Times of the Week:

Write in the times of day or shifts you are available to work. Write in N/A if not available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Is there anything we should know regarding your availability:

Applicant Signature: _____ Date: _____