



446A Blake St  
Suite 100  
New Haven, CT 06515  
Tel. 203-786-6403 Fax: 203-776-3093

## EMPLOYMENT APPLICATION

*The Children's Community Programs of CT, Inc is an Equal Opportunity Employer. Federal and State Laws prohibit discrimination in employment because of race, religion, color, national origin, sex, age, marital status, veteran status, sexual orientation, ancestry, physical or mental disability, or any other bases protected by law*

**GENERAL INFORMATION**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you either a U.S. citizen or an alien who has a legal right to reside and work in the United States?  Yes  No

\*Have you been convicted of a criminal misdemeanor or felony? Include offenses for which you served probation, paid a fine, and/or served a jail sentence.  Yes  No

If Yes, explain \_\_\_\_\_

Are you currently on probation or parole for a criminal offense?  Yes  No

If Yes, explain \_\_\_\_\_

Have you ever been convicted of a violation of a child abuse law?  Yes  No

If Yes, explain \_\_\_\_\_

*\*Note: A conviction does not automatically exclude a person from employment. Factors including date, nature and disposition of the offense will be considered.*

**EDUCATION**

	Name	Address	Did you Graduate	Date	Diploma Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

**FOR LICENSED PERSONNEL ONLY:**

<b>PROFESSIONAL LICENSURE / CERTIFICATES:</b>			
Type	State Issued	Date / Expiration	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT INFORMATION:**

Yes  No

Have you filed an application with us before?

If Yes, approximate date: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, approximate date: \_\_\_\_\_

If you are presently employed may we contact your employer:

Yes  No

How were you referred to us? (Give name of newspaper, website, etc.) \_\_\_\_\_

Do you have any relatives who work for Children’s Community Programs of CT?  Yes  No

If Yes, who and what relation? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

*List all work experience during the last 10 years, starting with the most recent employment.*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**REFERENCES:**

*Please list three (3) references, two business and one personal, who you have known at least one year.*

Name: \_\_\_\_\_

Name of Company, of Business Reference: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Company, of Business Reference: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANTS STATEMENT:**

I understand this employment application and any other employee related documents are not contracts of employment, that employment with the Children’s Community Programs of CT, Inc. is at will. That my employment may be terminated with or without cause or notice at my option or that of the facility. I understand that my employment is conditional upon satisfactorily passing a physical exam, drug testing, and background screening. Children’s Community Programs of CT, Inc. also reserves the right to test employees where reasonable suspicion of drug/alcohol usage affecting job performance exists.

I give the facility permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the facility.

I hereby affirm that the information provided on this application is true and complete. I understand that false or misleading representations or omissions will disqualify me from consideration or be grounds for immediate dismissal.

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_