

**College Transcript Policy: Employees must furnish an official college transcript verifying their education and degrees. Until the transcript is received by Human Resources, employees will receive the non-degreed starting wage. Please request a transcript from your college during the application process so that you may start at the rate that reflects your education. Effective date 6/1/04**

## APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement of employees within the agency. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. Project Genesis, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sexual orientation, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics.

### PLEASE PRINT

Position(s) Applied For	Job Posting #	Date of Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

<u>TELEPHONE NUMBER</u>	<u>EMAIL ADDRESS</u>

How Did You Learn About Us?

\_\_\_ Advertisement: Name of Newspaper \_\_\_\_\_ Website Name \_\_\_\_\_  
\_\_\_ Job Fair \_\_\_ Job Service \_\_\_ Friend \_\_\_ Walk-In \_\_\_ Relative \_\_\_ Other

1. Have you ever been employed by us before?  Yes  No  
If so, when? \_\_\_\_\_
2. Are you currently employed?  Yes  No
3. May we contact your present employer?  Yes  No
4. Do you have any relatives that are currently working for Project Genesis?  
 Yes  No Name of relative \_\_\_\_\_
5. If hired, can you show proof of legal authorization to work in the United States?  
 Yes  No
6. If you are hired, when can you begin work? \_\_\_\_\_
7. Are you available to work:  Full Time  Part Time  Temporary  Per Diem
8. Do you have reliable transportation and a valid driver's license if needed for this position?  
 Yes  No
9. Are you bi-lingual?  Yes  No  
If yes, what language? \_\_\_\_\_

Have you ever:

Had a motor vehicle violation (speeding, suspension)  Yes  No

Been convicted of a crime?  Yes  No

**\*Do not report any arrest, charge, or conviction that has been erased.**

If yes, please explain:

**\*A Conviction will not necessarily disqualify you from employment. Falsification of information regarding past convictions will disqualify you from employment.**

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**\* If you are hired you will need to request official transcripts.**

### EDUCATION

Name of School Attended	Credits Earned	Degree Earned	Major
High School			
College			
Graduate School			
Other			

List any job-related professional associations in which you participate:

**EMPLOYMENT RECORD/ Please go back 10 years**

Date of Employment (Month/Year)	Name/Address of Employer and Name of Supervisor	Job Title and Responsibility	Reason for Leaving
From _____ To _____  Hourly Rate \$ _____  Phone # _____	<b>1. Present or most recent employer:</b>  _____  Supervisor's Name _____		
From _____ To _____  Hourly Rate \$ _____  Phone # _____	<b>2. Employer:</b>  _____  Supervisor's Name _____		
From _____ To _____  Hourly Rate \$ _____  Phone # _____	<b>3. Employer:</b>  _____  Supervisor's Name _____		
From _____ To _____  Hourly Rate \$ _____  Phone # _____	<b>4. Employer:</b>  _____  Supervisor's Name _____		
From _____ To _____  Hourly Rate \$ _____  Phone # _____	<b>5. Employer:</b>  _____  Supervisor's Name _____		

Please indicate by number the employers we may **NOT** contact: \_\_\_\_\_ and the reason why:

List special training, certificates, or licenses you have relative to the job for which you are applying:

**PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING**

**\*Initial each statement after you read it.**

\_\_\_ I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

\_\_\_ All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

\_\_\_ I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the Executive Director of the Agency, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

\_\_\_ I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with Project Genesis, **exclusively** by final and binding **arbitration** before a neutral Arbitrator. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, Connecticut General Statutes §46a-61, et seq., regarding discriminatory employment practices, the law of contract and the law of tort.

\_\_\_ I authorize Project Genesis and its employees and representatives to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any officer of Project Genesis. This information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I have or may have against Project Genesis and its agency, employees, and representatives. I release Project Genesis and its agency, employees and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

**I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Dear Applicant;

Project Genesis believes in providing client-focused services to all of our clients. To that end we like to involve the client and their family/conservator in making hiring decisions whenever possible. We do this by having them meet a few qualified applicants and look for the best possible match to work with the client.

During this application process you may be interviewed and asked to meet with the client and their family/conservator.

This is a reminder that according to HIPAA regulations any confidential information acquired during this interview process is protected under the Federal HIPAA guidelines.

Disclosing personal and identifiable information about a client of the agency is strictly prohibited. Failure to keep client information confidential could have legal ramifications.

Thank you for your cooperation in respecting our agency's confidentiality standards.

Susan LaBonte, PHR  
Human Resource Director  
Project Genesis Inc.

Memo

To: All employees

From: Sue LaBonte

Date: March 2, 2009

Please read the new policy, sign below and **return to me for your files by March 26, 2009.**

Thank you, Sue

**PRIVACY PROTECTION POLICY**

**For Social Security Numbers (P.A. 08-167)**

We may collect certain personal information, including Social Security numbers, in the course of our business. We will make what we believe to be reasonable efforts to protect the confidentiality of the Social Security numbers we collect.

How do we protect the confidentiality of Social Security numbers?

**We protect the confidentiality of the Social Security numbers** we collect in the course of business by maintaining physical, electronic and procedural safeguards to protect their confidentiality, including:

- Limiting access to the Social Security numbers we collect
- Prohibiting unlawful disclosure of the Social Security numbers we collect
- Reviewing these safeguards on a regular basis
- Training our employees in the proper handling of Social Security numbers
- Requiring that third parties with access to Social Security numbers protect their confidentiality

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Employee Name – Please print

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Date

**Project Genesis, Inc.**

**CONSENT/RELEASE FOR REFERENCE AND BACKGROUND CHECKS**

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

Dear Applicant:

It is the policy of Project Genesis, Inc. to check references of previous employers and to undergo various background checks on all job applicants being considered for employment. This information will be obtained by contacting your previous employers and other references supplied by you. By signing this form, you are giving us the authorization to conduct such verifications.

**I understand that Project Genesis will conduct screening procedures in the following categories:**

- 1. Abuse and Neglect List (DMR)**
- 2. Sex Offender List**
- 3. Employment Verification References**
- 4. Motor Vehicle Driving Record**
- 5. Criminal Record Search**

**To the best of my knowledge, none of the identified reviews listed above will disqualify me from employment. Continued employment is contingent upon acceptable results of employment screening.**

If there is any part of this page you do not understand, please ask the interviewer about it before signing.

**\*Please submit your driver's license to the manager to provide a copy for DMV background check.**

Thank you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Previous name(s) know by for reference checking

\_\_\_\_\_  
Driver's License Number  
State of Issue and Expiration

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address: (Street, City, State, Zip)

**\*Provide 3 or more references from previous employers. Please only list names and phone numbers of supervisors who have evaluated your job performance in the past.**

## **REQUEST AND RELEASE FOR EMPLOYMENT REFERENCE**

APPLICANT please complete as part of your references:

**Applicants Name:** \_\_\_\_\_

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

**Employer's Address** \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_

**If not Supervisor, State Relationship:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Dates of employment:**      **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Position held:** \_\_\_\_\_

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

I authorize my former employer(s) to furnish Project Genesis with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this Release voluntarily, and to request that my former employer(s) respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Project Genesis, I therefore waive and release my former employer(s) from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

**Applicant's Signature:** \_\_\_\_\_

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

**\*Provide 3 or more references from previous employers. Please only list names and phone numbers of supervisors who have evaluated your job performance in the past.**

## **REQUEST AND RELEASE FOR EMPLOYMENT REFERENCE**

APPLICANT please complete as part of your references:

**Applicants Name:** \_\_\_\_\_

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

**Employer's Address** \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_

**If not Supervisor, State Relationship:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Dates of employment:**      **From** \_\_\_\_\_ **To** \_\_\_\_\_

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**Applicant's Signature:** \_\_\_\_\_

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

**\*Provide 3 or more references from previous employers. Please only list names and phone numbers of supervisors who have evaluated your job performance in the past.**

## **REQUEST AND RELEASE FOR EMPLOYMENT REFERENCE**

APPLICANT please complete as part of your references:

**Applicants Name:** \_\_\_\_\_

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

**Employer's Address** \_\_\_\_\_

**Supervisor Name** \_\_\_\_\_

**If not Supervisor, State Relationship:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Dates of employment:**      **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Position held:** \_\_\_\_\_

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

I authorize my former employer(s) to furnish Project Genesis with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this Release voluntarily, and to request that my former employer(s) respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Project Genesis, I therefore waive and release my former employer(s) from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

**Applicant's Signature:** \_\_\_\_\_

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

**Project Genesis, Inc.**

**STAFF DRIVING INFORMATION VERIFICATION**

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

Drivers License: # \_\_\_\_\_

State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Valid Vehicle Registration:    \_\_\_\_\_ Yes            \_\_\_\_\_ No

Expiration Date: \_\_\_\_\_

**Current Insurance Policy Information:**

Insurance Company: \_\_\_\_\_

Coverage dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Use Only \_\_\_\_\_

Verified by: \_\_\_\_\_

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

## Project Genesis, Inc.

### CONFIDENTIALITY SANCTIONS POLICY

As an employee of Project Genesis Inc., you are expected to maintain confidentiality of clients and other agency related confidential information. To that end, confidential and personal health information should be furnished only with the written, informed consent and approval of the client or authorized representative.

It is expected that employees will clearly inform people of what, when, why, where and how information will be shared and used. All confidential materials received, filed and stored at the Project Genesis Business Office will be double locked in a safe and secure environment. There will be respect for individuals' boundaries. Employees will share "minimum amount necessary" of information on a "need to know" basis.

Employees that work out in the community will follow the Physical Security in the Protection of Protected Health Information and Safeguarding of Protected Health Information During Transmission and Communication Policies. Failure to do so will result in discipline that could end in dismissal from Project Genesis Inc.

Employees will not publicize personal health information, ignore breaches of confidentiality, violate others' boundaries and/or privacy, fail to inform others of the limits of confidentiality or provide personal health information without a written release from the client.

Employees will report all breaches of confidentiality to the Agency Privacy Officer.

I understand that any information that is shared with me, or exchanged in my presence regarding any client, their employment, or anything contained in their file is privileged information.

I am also aware that any violation of this agreement is grounds for immediate termination with Project Genesis Inc.

**Project Genesis, Inc.**

**CONFIDENTIALITY AGREEMENT**

I understand that any information that is shared with me or exchanged in my presence regarding any client, their employment, or anything contained in their file is privileged information.

I agree to treat this information as confidential and will not share it with any person or agency without securing the proper documentation for its release.

I am also aware that any violation of this agreement is grounds for immediate termination of any involvement and/or employment with Project Genesis, Inc.

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Print Name

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Date

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Employee Signature

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Date

**Project Genesis, Inc.**

**Covenant Not to Compete**

You agree not to compete with Project Genesis as an Independent Living Skills Trainer or Companion for those clients whom Project Genesis actively provides services while working for Project Genesis and for a period of one (1) year after your separation of employment.

You further agree not to compete with Project Genesis as a Mentor in any public school system for those students to whom Project Genesis actively provides services for a period of one (1) year after your separation of employment.

You also agree not to set up in business as an Independent Living Skills Trainer within the Connecticut counties of Windham, Tolland, New London, Hartford or Middlesex for a period of one (1) year following your separation of employment from Project Genesis.

For purposes of this covenant not to compete, competition is defined as soliciting or accepting employment by, or rendering professional services to, any person or organization that is or was a client of Project Genesis during the term of your work with Project Genesis.

If it is judicially determined that this agreement not to compete, or any portion thereof, is illegal or offensive under applicable law(s) (statute, common law or otherwise), then it is hereby agreed by you and Project Genesis that the illegal or offensive portions of the agreement not to compete shall be and hereby are redrafted to conform with those applicable laws, while leaving the remaining portions of the agreement not to compete intact. By agreeing to this contractual modification prospectively at this time, the parties intend to make this agreement not to compete legal under the law(s) of all applicable states so that the entire agreement not to compete and/or the entire Agreement as prospectively modified shall remain in full force and effect and shall not be rendered void or illegal. You acknowledge that this agreement not to compete will in no way prevent you from earning a living.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Project Genesis, Inc.**

**Employment Contingency Policy**

Project Genesis, Inc, is a consumer-centered agency. Employment with any client is contingent upon the satisfaction of the consumer and her/his team, including family members and conservators as well as on the employee's ability to meet agency standards.

When a consumer or their team members believe that a staff change is in the best interest of the consumer, our agency will honor that request. Such a staff change may result in the loss of employment for you.

I understand and accept the position of Project Genesis Inc. as stated above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# VOLUNTARY AFFIRMATIVE ACTION DATA

## PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, Citizenship, age, marital status, ancestry, sexual orientation, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

## TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we request you complete this application survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of our official application for employment. It will not be used in any employment decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Application information

\_\_\_\_\_ Male    \_\_\_\_\_ Female

Position applied for: \_\_\_\_\_ *JOB POSTING #*

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

Please select from the following Equal Employment Opportunity Identification Groups:

Hispanic or Latino

White

American Indian/Alaskan Native

Asian

African-  
American

Two or More  
Races \_\_\_\_\_

Other \_\_\_\_\_

# **Working At Project Genesis Can Help Pay Off My Student Loans**

## **The College Cost Reduction And Access Act Of 2007 Can Help Make That Possible!**

Working for a Public Service agency offers many rewarding experiences. The College Cost Reduction and Access Act of 2007 has just added to the growing list of benefits. Employees working for a nonprofit organization for 120 months while making payments to eligible Federal Student Loans may qualify to have the loan's outstanding principal balance and accrued interest cancelled.

The employee must meet these guidelines to benefit:

1. The employee/borrower must make monthly loan payments for 120 months *after* October 1, 2007.
2. The employee/borrower must be employed full time (average 30 hours per week) by a public service organization (non profit which is section 501(c)(3) under Internal Revenue Code) at the time of the loan forgiveness request. They also must be employed by a public service organization during the 120 monthly payments.
  - \*The payments AND the employment do not need to be consecutive. That is, if an employee chooses a position outside of public service for a certain period of time, and continues public service employment at a later time, they simply add their past employment to their current employment. The same applies to student loan deferment.
3. The student loan cannot be in default at the time of the forgiveness request.
4. The student loan must be a Federal Eligible Direct Loan. This means a Direct Subsidized Loan, a Direct Unsubsidized Loan, a Direct Plus, or a Direct Consolidation Loan. Loan documentation has identification on the type of federal loan the borrower has used.
5. The borrower's loan must extend past a payment period of 10 years. 10-year and lesser repayment plans make student borrowers ineligible for loan forgiveness under the CCRAA. You can change your repayment plan and schedule by contacting your Federal loan provider.

The best way for an employee to utilize this benefit is to collect and retain documentation on their loan and employment information. Working in the Public Service Field has never been so rewarding!

For more information, visit

<http://www.nasfaa.org/publications/2007/G2669Summary091007.html>