



APPLICATION FOR EMPLOYMENT

Rev. 01/01/2019

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Email: _____ Position desired? _____

How did you hear about us? Advertisement Website site name _____
Job Fair Friend Relative Walk-in Other (provide) _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES NO
If yes, when? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES NO
If yes, who and where do they work? _____

Are you affiliated with a Consumer of the Company – a family member, Conservator, or family member of a Conservator? YES NO

Are you presently employed? YES NO May we contact your employer? YES NO

Do you have reliable transportation and a valid driver's license if required for this position?
YES NO

Are you multi-lingual? YES NO Is yes, what language(s)? _____



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When are you available to work (please check all availability):

DAYS [] NIGHTS [] OVERNIGHTS [] WEEKENDS [] FULL TIME [] PART TIME []
 PER DIEM []

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

EDUCATION *If hired, you need to provide official transcripts for post high school education*

	Name and Location of School	Course of Study	Credits Earned	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, training, certificates or licenses that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:



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EMPLOYMENT *Past 10 years* starting with your present or most recent position

1. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [] NO []
Title		Reason for Leaving	
Describe the Work Performed			
2. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [] NO []
Title		Reason for Leaving	
Describe the Work Performed			
3. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [] NO []
Title		Reason for Leaving	
Describe the Work Performed			



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4. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Title		Reason for Leaving	
Describe the Work Performed			
5. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Title		Reason for Leaving	
Describe the Work Performed			
6. Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year / /20__	To Month/Day/Year / /20__	May We Contact? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Title		Reason for Leaving	
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.



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PROFESSIONAL REFERENCES

Supervisors, Volunteer Coordinators, Teachers, *No Friends, No Co-Workers, No Family Members*

1)	<input type="checkbox"/>	<p>_____</p> <p>Reference Name (First and Last)</p> <p>(_____) _____ (_____) _____</p> <p>Cell PH # Home PH #</p> <p>_____</p> <p>Personal email address / Business email address</p>	<p>_____</p> <p>Company Name</p> <p>(_____) _____</p> <p>Business Phone #</p> <p>_____</p> <p>Relationship</p>
2)	<input type="checkbox"/>	<p>_____</p> <p>Reference Name (First and Last)</p> <p>(_____) _____ (_____) _____</p> <p>Cell PH # Home PH #</p> <p>_____</p> <p>Personal email address / Business email address</p>	<p>_____</p> <p>Company Name</p> <p>(_____) _____</p> <p>Business Phone #</p> <p>_____</p> <p>Relationship</p>
3)	<input type="checkbox"/>	<p>_____</p> <p>Reference Name (First and Last)</p> <p>(_____) _____ (_____) _____</p> <p>Cell PH # Home PH #</p> <p>_____</p> <p>Personal email address / Business email address</p>	<p>_____</p> <p>Company Name</p> <p>(_____) _____</p> <p>Business Phone #</p> <p>_____</p> <p>Relationship</p>
4)	<input type="checkbox"/>	<p>_____</p> <p>Reference Name (First and Last)</p> <p>(_____) _____ (_____) _____</p> <p>Cell PH # Home PH #</p> <p>_____</p> <p>Personal email address / Business email address</p>	<p>_____</p> <p>Company Name</p> <p>(_____) _____</p> <p>Business Phone #</p> <p>_____</p> <p>Relationship</p>



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Applicants will receive consideration for positions, without regard to age, ancestry, color, genetic information, learning disability, marital status, past or present history of mental disability, intellectual disability, national origin, physical disability, race, religious creed, sex, including pregnancy, sexual harassment or transgender status, or sexual orientation, or any other legally protected class.

IMPORTANT, PLEASE READ AND SIGN

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, dismissal, or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as prescribed by law.

I understand that if I am hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. Employees may be terminated, with or without cause or notice, at any time at the option of my employer or me.

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.

Project Genesis Provides Consumer-Focused Services To All Consumers.

To that end, we involve consumers and their family/conservators in making hiring decisions whenever possible. During the interview process, I understand that I may be asked to meet with the consumer and their family or conservator. During this process, I may be privy to confidential information which I understand I am prohibited from disclosing.

As a consumer-focused agency, I understand that employment with any consumer is contingent upon the satisfaction of the consumer and her/his team, including family members and conservators as well as upon the ability of the employee to meet agency standards. When a consumer or their team members believe that a staff change is in the best interest of the consumer, I understand that this staff change may result in loss of employment to an employee.

Signed: _____ Date: _____



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Candidates applying for position requiring driving vehicles to provide transportation for students with an IEP (Individuals Education Plan).

Consent To Drug/Alcohol Testing And Release Of Results

I, _____(name), do hereby consent to undergo a drug/alcohol test, as required by Project Genesis, Inc. (employer) and mandated by the Connecticut State Department of Education. Further, I authorize the hospital, clinic and/or testing facility to release to Project Genesis, Inc. (employer) the results of such test and I release the hospital, clinic, and/or testing facility, its doctors, and medical personnel from liability from any release or use of this information.

Signed: _____ Date: _____



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Residential Address History Form

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ ST _____ Zip Code _____

Please identify all *previous* residential addresses where you have resided for the past 10 years in chronological order beginning with your most recent former address.

Dates

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /

Address _____ City _____ ST _____ Zip Code _____ / - /



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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 9 of 12

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Affirmative Action and Equal Opportunity Employer



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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



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PRE OFFER VOLUNTARY SELF-IDENTIFICATION FORM

Name _____
Last Name *First Name* *Middle Initial*

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF IDENTIFY

Signature of Applicant

Date



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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

African-American

American Indian/Alaskan Native

Asian

White

Native Hawaiian or Pacific Islander

Two or More Races

Definitions: (70 Fed. Reg. 227)

- **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **African-American or Black** - A person having origins in any of the black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Two or More Races** - Persons who identify with more than one of the above races/ethnicities.