



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

CareGivers Connecticut, LLC. (CGC) Offers equal employment opportunity to all applicants for employment and to all employees regardless of sex, age, race, color, religious creed, sexual orientation, national origin, ancestry, marital status or disability.

Date _____ Social Security Number: _____

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____ Alternate Number: (_____) _____

Position Applied for:

Shift Desired: Days Evenings Weekends Date Available _____

Hours Desired: Full time Part time Live In/Out

Have you ever applied to CGC before? Yes No When: _____

How did you learn of this CGC opening? _____

Are you employed now? Yes No

If Yes, may we contact your present employer? Yes No

Are you lawfully permitted to work in the United States: Yes No

Are you eighteen years of age? Yes No

Do you have a reliable method of transportation? Yes No

Do you have a valid Driver's license: Yes No State Issued? _____ Exp. Date: _____

Do you have a vehicle? Yes No

Valid Insurance? Yes No

Insurance Company: _____ Policy Number: _____

Education Completed			
	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or NA Training School, or Any relevant training.			

Former Employers				
<i>(Start with more recent employer; list last three employers)</i>				
Dates	Name & Address of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				

Section 31-51 (j) of the Connecticut General Statutes requires that this portion of the application be detached when the application is to be read by anyone other than a member of the Department of Human Resources. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Personal References				
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least two years				
Name	Address <i>(include city, state and zip)</i>	Phone Number	Business	Years Known
1.				
2.				
3.				

Have you ever been convicted of a felony? Yes No

If yes, please give information regarding the charge and disposition of the case.

PLEASE READ BEFORE SIGNING - If you have any questions regarding the following statements, please ask prior to signing.

APPLICATION STATEMENT: Please read the following statements carefully, as they represent matters of importance to both you and: CareGivers Connecticut, LLC. (Hereinafter "CGC").

It is the *policy* of CareGivers Connecticut, LLC not to discriminate against hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law.

- I. 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.
- II. CGC may verify all of the information that I have provided on this application. I release CGC and its representatives from liability for seeking such information and I release from all liabilities all persons, institutions, business entities and corporations providing CGC with such information. I further agree to sign this application as consent necessary to permit CGC to verify all the information in this application.
- III. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of CGC and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of CGC.
- IV. In consideration of my employment, I agree not to engage a customer of CGC for the purpose of private duty. I understand that doing such may be considered an unfair method of competition of deceptive act which may be in violation of the Connecticut Unfair Trade Practice Act" and/or the "Connecticut Anti-Trust". In this event, CGC may be entitled to seek compensatory damages, punitive damages, attorney's fees and costs.
- V. By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and CareGivers Connecticut, LLC. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and CareGivers Connecticut, LLC retain a similar right.
- VI. You further understand that no representative of CareGivers Connecticut, LLC other than {Nursing Director/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Applicant Signature _____ **Please Print Name** _____

Please provide to us your Social Security Card, Identification Documents, Drivers License, References, Resume and Valid Car Insurance so we may copy and complete the application process. THANK YOU.

Background Inquiry Release

I understand that an investigative background inquiry is to be made on myself including, but not limited to, consumer credit history, criminal history, driving history and other reports. These reports may include personal reference information as to my character, work habits, job performance and experience, along with reasons for termination of past employment.

I further understand that information will be requested from various Federal, State and other agencies which may maintain records concerning past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information. I hereby consent to your obtaining the above information. And, I further understand that to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

Print Name: _____

AKA and/or Maiden Name: _____

Social Security # _____ **Date of Birth** _____

ID or Driver's License # _____ **State Issued** _____ **Exp. Date** _____

Current Address _____ **How long?** _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Address: last 2yrs. _____ **How long?** _____

City: _____ **State:** _____ **Zip Code:** _____

Applicant's Signature _____ **Date** _____