

Employment Application

The Arc of Southington, INC. is an Equal Opportunity Employer. The Arc of Southington will not, except in the case of a bonafide occupational qualification or need or except as otherwise permitted or required by law, discriminate on the basis of race, color, religion, creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, intellectual disability, learning disability or physical disability, with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

Application Information

Position(s) applied for:		Date:		
Last name:	First Name:	M.I.:		
Street Address:		Apartment/Unit #:		
City:	State:	Zip:		
Phone:	Email:			
Job interest				
Have you ever applied for a position	with the Agency before? Yes No	If yes, when/where?		
Have you ever worked with the Agen	cy before? Yes No If yes, when/w	vhere?		
Are you related to any individuals cu	rrently receiving services or supports pro	ovided by the Agency? Yes No If yes, who?		
Are you a U.S. Citizen or authorized t (Proof of U.A. Citizenship or authoriz	o work in the U.S.? Yes No ation to work in the U.S. will be required	d upon hire)		
For Direct Care Only: Days and Shifts	s Available (check all that apply)			
Sunday 1 st 2 nd 3 rd Monday 1	.st 2 nd 3 rd Tuesday 1 st 2 nd 3 rd We	dnesday 1 st 2 nd 3 rd Thursday 1 st 2 nd 3 rd		
Friday 1 st 2 nd 3 rd Saturday 1 st 2	nd 3rd			
Where would you be willing to work	(check all the apply): Plantsville 🗌 Sc	outhington 🗌 Cheshire 🗌 Hamden 🗌 Wallingford 🗌		
Specialized Skills (Check all that app Med Admin Cert PMT CPR/		npute other:		

Education

Name and Location	Course of Study	Years Completed	Degree/Diploma

Previous Employment: Please provide the following information, starting with the most recent employment

Company:	Job Titl	e:	_Supervisor's name:
Address:		Phone:	
Employment Date:	to	Reason for Leaving:	
Company:	Job Titl	e:	_Supervisor's name:
Address:		Phone:	
Employment Date:	to	Reason for Leaving:	
Company:	Job Titl	e:	_Supervisor's name:
Address:		Phone:	
Employment Date:	to	Reason for Leaving:	
Profession References: Please list three professional references that we may contact			

Name	Address	Phone	Years known	Basis of knowledge of applicant

Written Questions

Please briefly describe your philosophy about people with developmental disabilities.

Why do you want to work with people with developmental disabilities?

What do you feel that you offer to this field?

Please provide any further information which may reflect upon your ability to perform the duties for the job for which you are applying.

I hereby certify that all the statements contained herein are complete, true and correct to the best of my knowledge.

I certify that there are no misrepresentation, omissions, or falsifications in the forgoing statement and answers, and that the responses given are true, complete, and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission, or falsification may be grounds for immediate discharge.

I authorize all the educators, employers and professional references listed in this application to furnish The Arc of Southington with information regarding my education, employment history, and any other matter related to my application for employment with The Arc of Southington.

Name of applicant:

Signature of applicant:

Date:

Para informacion en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <u>www.ftc.gov/credit</u> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if.

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- · Your file contains inaccurate information as a result of fraud;
- · You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

 You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is fivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

 Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

 You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <u>www.ftc.gov/credit</u>.

• You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

 You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

 Identity theft victims and active duty military personnel have additional rights. For more information, visit <u>www.ftc.gov/credit</u>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	1-877-382-4357 Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108- 2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

BACKGROUND CHECK DISCLOSURE

The Arc of Southington may order a "consumer report" (a background check) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, - 80524, and can be reached by phone 800-367-5933 or at their Internet Web Site address <u>www.adpselect.com</u>.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about that mature and scope of an investigative consumer report, if any, by contact the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titles <u>A summary of your rights under the Fair Credit Reporting</u> <u>Act, as provided on subsequent pages.</u>

THE REMINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer report, (1) during my employment and (2) from companies other than ADP Screening an Selective Services without asking me for my authorization again as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about a concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; lar enforcement and all other deferral, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selective Services and its agents includes but is not limited to. Information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military services, professional credentials and licenses and substance abuse testing.

If you live or work with the Company in California Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

State Law Notices

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to use in writing, you have the right to know whether the company ordered and investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to know whether the Company a completed and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selective Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the company ordered and investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New Your Correction Lar is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection and Selection Services for a written summary of your rights under the Washington Fair Credit reporting Act.

First Name

Middle_____

Date:		/
_	(Month/	Day/Year)

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name	Middle Name	Last Name
For identification purpo	oses only: Date of birth/	/ (Month/Day/Year)
Social Security Number		
Driver's License Numbe	er	State issuing License
Enter Nicknames(s) Use	ed	
Enter Any Other Names	s Used (including maiden names):	
First Name	Middle Name	Last Name
		Last Name
		Last Name
Present Street Address	Addresses Within The Past Seven Years	
City/State/Zip		
Prior Street Address		
Prior City/State/Zip		
From/	_/ (Month/Day/Year)	//(Month/Day/Year)



Initiative Teamwork

201 West Main Street | Plantsville, Connecticut 06479 | Phone (860)628-9220 | Fax (860)621-2546 E-mail <u>training@arc-south.org</u> | Website www.arcsouthington.org

CONFIDENTIAL REFERENCE REQUEST ATTACHMENT 3		
NAME		
NAME:SS#SSB#SSB#SSB#SSB#SSB#SSB#SSB#SSB# _		
regarding my employment with them		
Signature:	Date:	
To the Personnel Manager/Authorized Individual:		
The above name applicant has given us permission to request the following information. Your evaluation is sincerely appreciated and will be hold completely in confidence. Both the applicant and The Arc of Southington will benefit from a timely reply, since his/her employment is pending. Please feel free to call with a verbal reply if that is your preference Thank you for your help.		
Sincerely,		
Signature	Phone	
(Printed Name)	Title	
TO BE COMPLETED BY OFFICE STAFF		
When was the applicant hired?		
What were the applicant's position/job duties?		
Is the applicant still employed with your company? Yes No		
If not, when did he/she leave your employment? Would you rehire? Yes No - If no, why?		
Quality work	Very Good Average Poor Very Good Average Poor Very Good Ver	
Attendance	Very Good Average Poor Very Good Average Poor	
Punctuality Attitude	Very Good Average Poor Very Good Average Poor	
Autuue	very good in Average in Poor in	

Other Comments:	
Name:	Title:
Company:	_ Date:

Very Good 🗌 Average 🔲 Poor 📋

Very Good 🔲 Average 🗌 Poor 🔲