

# SARAH SENECA Residential Services, Inc.

15 NE Industrial Road  
Branford, CT 06405  
Tel. (203) 315-3770  
Fax (203) 315-3775

## NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for drug use may be required before  
hiring and during your employment here

**SARAH SENECA is a Drug Free Workplace & an Equal Opportunity Employer**

## Application for Employment

Name	
Address	
Telephone	Cell
SSN	Email
Position Applied For	
Referred By	
Desired Hourly Rate	Date of Application
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Name \_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your most recent employer

EMPLOYER	TELEPHONE #	
ADDRESS	CITY	STATE
JOB TITLE		
IMMEDIATE SUPERVISOR	TELEPHONE #	
WHY DID YOU LEAVE?		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
JOB RESPONSIBILITIES		
WHAT DID YOU LIKE MOST ABOUT YOUR JOB?		
WHAT DID YOU LIKE LEAST ABOUT YOUR JOB?		
DATES EMPLOYED		

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WHAT DID YOU LIKE MOST ABOUT YOUR JOB?		
WHAT DID YOU LIKE LEAST ABOUT YOUR JOB?		
DATES EMPLOYED		

Applicant's Name \_\_\_\_\_

**EMPLOYMENT HISTORY** (Continued)

Explain gaps in employment (Other than personal illness, injury, disability)
Have you ever been fired or asked to resign from a job? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No
Skills & Qualifications (Summarize any special skills, licenses or certifications)

**EDUCATIONAL BACKGROUND**

SCHOOL	YEARS COMPLETED	DEGREE OBTAINED	MAJOR / MINOR

**REFERENCES**

List only business or personal references not related to you

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	YEARS KNOWN

Applicant's Name \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **SARAH SENECA Residential Services, Inc.** is true, complete and correct.

I expressly authorize, without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for finishing such information about me.

I understand that **SARAH SENECA Residential Services, Inc.** does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite durations. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director of **SARAH SENECA Residential Services, Inc.** or his/her designee.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

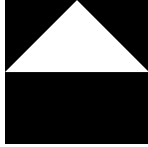
**SARAH SENECA Residential Services, Inc.** does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration of employment on the basis of his or her sex, race, color, religion, national origin citizenship, age, disability, or any other protected status under applicable federal, state or local law. **SARAH SENECA Residential Services, Inc.** likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). **SARAH SENECA Residential Services, Inc.** takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from **SARAH SENECA Residential Services, Inc.** whenever it is discovered.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing **Applicant Statement.**

SIGNATURE OF APPLICANT	DATE



# SARAH SENECA Residential Services, Inc.

## Disclosure and Authorization for the Release of Information

**SARAH SENECA Residential Services, Inc.** will use **Research Services, LLC**, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to **SARAH SENECA**. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, **Research Services, LLC**. Will utilize various sources to obtain background information pertaining to: workers compensation records (including any and all injuries in compliance with the Federal Americans with Disabilities Act), Department of Motor Vehicle driving records, criminal records, current and former employers, social security number (SSN) verification, military records, education records, sex offender registry, professional & personal references. I request, authorize and consent to the release and disclosure of any and all information pertaining to the above areas to **SARAH SENECA Residential Services, Inc.** and **Research Services, LLC**, a CRA.

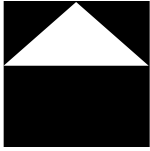
I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment. According to the Fair Credit Reporting Act, I will be notified by **SARAH SENECA** if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **SARAH SENECA**. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to **Research Services, LLC 124 Simsbury Road Building One, Avon, CT., 06001**. California residents will automatically receive a copy of the report within 7 days of delivery to **SARAH SENECA**. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

### PLEASE FILL OUT THIS FORM COMPLETELY

PRINT NAME		
LIST ALL OTHER FIRST/LAST NAMES UESD		YEAR LAST USED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRES
CURRENT ADDRESS	HOW LONG AT ADDRESS	
CITY	STATE	ZIP CODE
PREVIOUS ADDRESS	HOW LONG AT ADDRESS	
CITY	STATE	ZIP CODE
COLLEGE ATTENDED	STATE	LAST YEAR
DID YOU GRADUATE?	DEGREE OBTAINED	
REGISTERED / GRADUATED UNDER WHAT NAME?		
APPLICANTS' SGNATURE		DATE

#### EMPLOYER USE ONLY

LORI CAST, HR DIRECTOR	TEL. 203-315-3770	FAX 203-315-3775
CRIMINAL / STATES	DRIVER HISTORY	EMPLOYMENT
SSN	EDUCATION	S/O REGISTRY
INCARCERATION	RESEARCH SERVICES PHONE 860-678-0066	FAX 860-678-0077 OR 860-678-0099



# SARAH SENECA Residential Services, Inc.

## Affirmative Action Voluntary Information

**SARAH SENECA Residential Services, Inc.** considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, 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.

**This form is to be completed by the applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.**

In an effort to comply with requirements regarding governmental recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this application data 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 your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name
Address
Gender
Referral Source <i>(i.e. walk-in, employee, ad)</i>

Please check one of the following Equal Employment Opportunity Identification Groups

<input type="checkbox"/>	American Indian / Alaskan Native	<input type="checkbox"/>	Hispanic / Latino (white race only)	<input type="checkbox"/>	White	<input type="checkbox"/>	Black / African American
<input type="checkbox"/>	Native Hawaiian / Other Pacific Islanders	<input type="checkbox"/>	Hispanic / Latino (all other races)	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other

### FOR ADMINISTRATIVE USE ONLY

Positions Applied For		
Hired	Yes	No
Position Hired For		Date of Hire

From the EEO job classifications listed below, which one best describes the position filled

Officials and Managers	Sales Workers	Operatives (semi-skilled)
Educational	Office & Clerical Workers	Laborers (unskilled)
Technicians	Craft Workers (skilled)	Service Workers
Notes:		

Completed By	Date