

# 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		

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

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JOB RESPONSIBILITIES		
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.

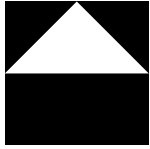
**SARAH SENECA Residential Services, Inc.** does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration of employment on the basis of his or her sex, race, color, religion, national 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.

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

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## Sarah Seneca Disclosure Regarding Background Investigations

**Under a federal law called the Fair Credit Reporting Act, we are required to disclose information to you concerning our conducting background checks.**

Sarah Seneca (the "Company") may obtain information about you from a consumer reporting agency for the purpose of either hiring you or if you have been hired, retaining you in employment. This means you may be the subject of a "consumer report" (a background report) or "investigative consumer report" which may include information concerning your character, mode of living, general reputation, personal and/or work characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal records information, education information and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and worker's compensation history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Our organization uses the firm of Research Services 4 Brothers LLC (the "Consumer Reporting Agency") to obtain and report this information to us. The Consumer Reporting Agency may be reached at 124 Simsbury Rd, Avon, CT 06001, by e-mail [contact@rs4b.net](mailto:contact@rs4b.net), and by telephone 860-678-0066. You have the right upon your written request made in a reasonable period after receipt of this notice, to ask if a consumer report has been made about you and the nature and scope of any investigative consumer report and to request a copy of the report.

The background check will only be conducted with your written authorization using a separate document.

**Your signature below indicates that you have received this notice:**

**First Name** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last Name** \_\_\_\_\_

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

# Sarah Seneca

## Authorization to Conduct Background Investigations

I acknowledge that I have received a **Disclosure Regarding Background Investigations** which informed me that as part of the decision to hire me or retain me in employment if hired, I may be the subject of a “consumer report” (a background report) or “investigative consumer report” which may include information concerning my character, mode of living, character, general reputation, personal and work characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, educational and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries. This information may involve personal interviews with sources such as my neighbors, friends and associates. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. This information may be obtained my past or present employers; learning institutions, including colleges and universities; any law enforcement agency; federal, state and local courts; the military; credit bureaus; testing facilities; insurance companies, motor vehicle records agencies; worker’s compensation commissions and agencies all other public sector repositories of information.

The organization to which I am applying uses the firm of Research Services 4 Brothers LLC (the “Consumer Reporting Agency”) to obtain and report this information.

### Authorization

I hereby authorize the obtaining of information as described above needed for the development of “consumer reports” and/or “investigative consumer reports” about me at any time after the receipt of this authorization, and if I am hired, throughout my employment. To this end, I also authorize the following agencies and entities to disclose to the Consumer Reporting Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; any law enforcement agency; federal, state and local courts; the military; credit bureaus; testing facilities; insurance companies, motor vehicle records agencies; worker’s compensation commissions and agencies all other public sector repositories of information; Such information that can be disclosed to the Consumer Reporting Agency and its agents.

**First Name** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Signature of Releasor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sarah Seneca**  
**Background Check Information**

The information requested below is collected solely for the purpose of aiding the Company you have applied to in connection with your application for employment. Please provide the information below to assist in conducting a thorough background check.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Enter Any Other Names Used (Including Maiden Names)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last

Used: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last

Used: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last

Used: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y) Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued In \_\_\_\_ Expiration Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses Used within the last 7 years (Use separate sheet if needed)

- **Present** Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
- **Previous** Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
- **Previous** Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Last School/College Attended \_\_\_\_\_ State \_\_\_\_\_ Last Year attended \_\_\_\_\_

Did you graduate? Yes / No If yes, circle one GED / Diploma / Degree

What Name did you Graduate Under? \_\_\_\_\_

**For Employer Use only** Requested by \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Criminal (Indicate states) \_\_\_\_\_ Driver's History \_\_\_\_\_ Employment \_\_\_\_\_

Education \_\_\_\_\_

Social Security \_\_\_\_\_ Sex Offender Registry \_\_\_\_\_ Credit Report \_\_\_\_\_ National Criminal \_\_\_\_\_

Fax to **860-678-1996** or **860-678-0099** Email: **contact@rs4b.net**



## **STATE DISCLOSURES**

### **This page is for your records**

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Consumer Reporting Agency can answer questions about the information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting Agency. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Consumer Reporting Agency. You may inspect and order a free copy of the report by contacting the Consumer Reporting Agency.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**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 the Consumer Reporting Agency, and you will be provided with the name and address of the Consumer Reporting Agency. You may inspect and order a free copy of the reports by contacting the Consumer Reporting Agency. By signing below, you certify you have received a copy of **Article 23A** of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Consumer Reporting Agency for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your creditworthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

### **This page is for your records**



# 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