



APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: (____) _____ Cell or Alternate #: (____) _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO *If no, are you authorized to work in the U.S.?* YES NO

Have you ever worked for this company? YES NO *If so, when?* _____

Have you ever been convicted of a felony? YES NO

Shift Availability

Day	1st Shift 7am – 3pm	2nd Shift 3pm – 11pm	3rd Shift 11pm – 7am
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

SPECIALIZED SKILLS

Other job-related skills or training (list):

- Nursing RN/LPN Med Admin Cert
- Medical (EMT/CAN) MS Excel
- PMT/CPI MS Word
- CPR General Computer

EMERGENCY CONTACT

Person to contact should an emergency arise during employment. This person will not be contacted prior to employment.

Name: _____
Relationship: _____
Phone: _____
Address: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand and accept that any false or misleading information given in my application, interview, or other informative medium (including but not limited to resumes, reference checks, etc.) may result in disqualification from employment consideration. In the case of employment, discovery that such false or misleading information is contained in this application may result in disciplinary action up to and including discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also hereby authorize all past or present employers to release any relevant personnel information to the Company presenting them with this release. I release those employers past and present from any and all liability for such information they may provide and agree not to sue them for defamation or other claims based upon any statements they make to any representative of this Company regarding my personnel records.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand, acknowledge and accept that, as allowed under Connecticut Law, any employment relationship with this organization is of an "at will" nature. The employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document, conduct or speech unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that "employment at will" does not waive any notice requirements of the Employee to the Employer.

I understand and accept that this agency performs per-employment drug screening and that employment with the agency will be contingent upon successful completion of this test. I also understand that the agency may perform drug tests during employment as determined by agency policy at any time.

I further attest that should any of the information given in this application change for any reason either before or during employment, I will notify the employer immediately.

Signature of Applicant

Date

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant

Date

SAMPLE SITUATIONS

Below each of the following sample situations, describe how you would react were you to actually find it on the job. Describe in as much detail as you deem necessary: your immediate reaction, any actions you would or would not take, what you would or would not say, etc. There are no right or wrong answers. This questionnaire is designed, simply to measure your ability to react. The answers you give should be honest and to the point. Should you be hired, your statements may enable your supervisor to measure areas of strength or weakness and focus training time accordingly. Feel free to use the back of the sheet as needed.

1. Upon entering a resident's room for a visit, you find that he/she is holding his/her stomach. You ask the resident if it hurts and he/she replies, "yes".

2. You arrive in the afternoon and a resident you have known for a long period of time suddenly complains that he/she does not like his/her roommate anymore.

3. After breakfast John says that he does not want to go to work at that place anymore.

4. At 9:00 PM, one of the other staff starts making popcorn. Several of the residents are still awake.

OTHER INFORMATION WHICH MAY HELP US IN CONSIDERING YOUR APPLICATION

SOME SPECIFIC JOB REQUIREMENTS (OTHER REQUIREMENTS MAY ALSO APPLY)

Are you physically able to perform a two (2) person lift? YES NO

Do you have any lifting restrictions? YES NO

Describe: _____

Do you have a valid drivers license? YES NO

State: _____ Operator's Number: _____ Expiration Date: _____

Do you have a Public Service License? YES NO

To the best of your knowledge, are you able to obtain a Public Service License? YES NO

Has your employment with CT-DMR, any licensee of CT-DMR or private provider agency been terminated for Abuse or Neglect of a client or clients in your care or are you listed on the CT-DMR Abuse and Neglect Registry? YES NO

Are you over the age of 18? YES NO

Under labor law; employees must be over 18 years of age. Applicants under 18 may be considered for volunteer work only.

I understand that I will be required to pass a DOT/PSL Drug Screen and that the Company will do Criminal, DMV and DMR Abuse and Neglect Registry record checks prior to and periodically during employment. I understand that the results of these checks in accordance with Agency and DMR policy and CT State Law may prevent the agency from offering me a position or from retaining me as an employee if hired. With this understanding, I hereby authorize such background research and hold the Company harmless for complying with such policies or laws as may pertain.

I hereby attest that the information provided above is true to the best of my knowledge as of the time of this application. Should the information above change prior to hire or at any time during my employment, I agree to notify the Employer immediately. I understand that failure to do so will be cause for disciplinary action up to and including termination.

Signature: _____

Date: _____

We consider applicants for all positions without regard to race, color, immigrant status, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Equal Employment Opportunity Form

APPLICATION INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: (_____) _____ Social Security No.: _____

Position Applied For: _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other | | |

Authorization Form

Date ____/____/____

I hereby authorize INFORMATION MANAGEMENT SYSTEMS, INC., and its designated agents and representatives, to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas:

Verification of social security number, current and previous residences: employment history records from any criminal justice agency in any or all federal, state and county jurisdictions: birth records: motor vehicle records to include traffic citations and registration: and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and Law Enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to INFORMATION MANAGEMENT SYSTEMS, INC., and its agents, officials, representatives, or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand this authorization automatically expires within 90 days from the data submitted below and that I have the right to revoke the authorization at any time; Provide I do so in writing.

PRINT NAME: *(First / Middle / Last)*

FORMER NAME(S) AND DATES USED:

CURRENT ADDRESS: *(Street / City / State / Zip)*

PREVIOUS ADDRESS: *(Street / City / State / Zip)*

DATE OF BIRTH:

SOCIAL SECURITY #:

TELEPHONE:

DRIVER'S LICENSE: *Number / State*

SIGNATURE:
