**APPLICATION FOR EMPLOYMENT**

Prospective Employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

##  APPLICANT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name**: |  |  |  | **Date**: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| **Address**: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone**: |  | **Email** | :  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Available to Begin**: |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **Position Applied for**: |  Desired Pay Rate:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 yes, when and what program area?** |  |
| **Have you ever had an allegation of abuse or neglect substantiated against you by any State Agency?** | **YES**[ ]  | **NO**[ ]  |  |

## EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **High School** |  | **Address**: |  |
| From: |  | To: |  | **Did you graduate?** | **YES****[ ]**  | **NO****[ ]**  | **Diploma::** |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **College:** |  |  **Address:**  |
| From: |  | To: |  | **Did you graduate?** | **YES****[ ]**  | **NO****[ ]**  | **Degree:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other**: |  | **Address**: |  |
| From: |  | To: |  | **Did you graduate?** | **YES****[ ]**  | **NO****[ ]**  | **Degree:** |  |

## PREVIOUS EMPLOYMENT

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Company:**
 |  | **Phone**: |  |
| **Address:** |  | **Supervisor**: |  |
| **Job Title:** |  |  |  |  |  |
| **Responsibilities** |  |
| **Employed From**: |  | **To**: |  | **Reason for Leaving**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **May we contact your previous supervisor for a reference?** | **YES****[ ]**  | **NO****[ ]**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Company:**
 |  | **Phone**: |  |
| **Address:** |  | **Supervisor**: |  |
| **Job Title:** |  |  |  |  |  |
| **Responsibilities** |  |
| **Employed From**: |  | **To**: |  | **Reason for Leaving**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **May we contact your previous supervisor for a reference?** | **YES****[ ]**  | **NO****[ ]**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Company:**
 |  | **Phone**: |  |
| **Address:** |  | **Supervisor**: |  |
| **Job Title:** |  |  |  |  |  |
| **Responsibilities** |  |
| **Employed From**: |  | **To**: |  | **Reason for Leaving**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **May we contact your previous supervisor for a reference?** | **YES****[ ]**  | **NO****[ ]**  |  |

## Indicate below any special interests or participation in athletic cultural activities:


## DRIVER’S INFORMATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name**: |  |  |  | **Date**: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| **Address**: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| **Phone**: |  |
| **Date of Birth:** |  |
| **Driver’s License #**: |  |
| **State**: |  |
| **Expiration Date**: |  |

|  |  |
| --- | --- |
| **Have you had any traffic accidents or ticket for moving violations during the past two years? If yes, please explain.** |  |

**Please read and understand the following before initialing:**

***I will renew my license and registration and maintain my insurance coverage in good standing while I am an employee at Benhaven. I will keep Benhaven informed of any changes to my vehicle information and send copies of any renewals when requested.***

|  |  |
| --- | --- |
| **Initial:** |  |

**\*Send this completed form with the following attachments to your supervisor\***

**A. a copy of your driver’s license**

**B. a copy of your vehicle registration**

**C. a copy of your vehicle insurance card**

***This information must be submitted before you transport any Benhaven supported individuals in your vehicle. Any time any of the above documents expire, you will be required to submit new documents showing they have been renewed.***

# Exhibit B

## Benhaven Ind & Family Support

## Disclosure and Authorization for the Release of Information

Benhaven Ind & Family Support (hereinafter, “THE EMPLOYER”) 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 THE EMPLOYER. 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. may utilize various sources of information including but not limited to: credit reporting agencies, 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, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, 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 THE EMPLOYER 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 THE EMPLOYER. 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 the employer. 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 Clearly:

List ALL other first & last names ever used:

**(PRINT NAME CLEARLY, LAST YEAR USED FOR EACH NAME)**

Soc. Sec. # Date of Birth

Driver’s License #:State Issued: Expires

CURRENT Street Address:

City StateZip How long at address?

PREVIOUS Address:

City StateZip How long at address?

 Last School/College Attended State Last Year Attended

 Did you Graduate? If you graduated, mark one [ ] GED [ ] Diploma [ ] Degree

 Registered and/or Graduated under what name?



Applicant’s Signature: Date:



**For EMPLOYER Use Only**: Requested by: Tacie Lowe PH: 203-599-7703 FX: 203-234-8689

Criminal (Indicate States) CT\_\_\_\_\_ Federal Criminal \_\_\_\_ Driver History\_\_CT\_\_Employment\_\_\_\_\_(#) Education\_\_\_\_\_(#) Social Security\_\_\_\_\_ National Index \_\_\_\_\_Sex Offender Registry\_\_\_\_ Credit\_\_\_\_

Phone: 860-678-0066 Fax: 860-678-1996 or 860-678-0099

Please place an X in each box in which you are NOT available to work. Should you be hired to work for Benhaven, you will be required to stick to this availability.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8am |  |  |  |  |  |  |  |
| 9am |  |  |  |  |  |  |  |
| 10am |  |  |  |  |  |  |  |
| 11am |  |  |  |  |  |  |  |
| 12pm |  |  |  |  |  |  |  |
| 1pm |  |  |  |  |  |  |  |
| 2pm |  |  |  |  |  |  |  |
| 3pm |  |  |  |  |  |  |  |
| 4pm |  |  |  |  |  |  |  |
| 5pm |  |  |  |  |  |  |  |
| 6pm |  |  |  |  |  |  |  |
| 7pm |  |  |  |  |  |  |  |
| 8pm |  |  |  |  |  |  |  |
| 9pm |  |  |  |  |  |  |  |

 Sunday Monday Tuesday Wednesday Thursday Friday Saturday