

APPLICATION FOR EMPLOYMENT



Human Resource Department
 8 Keynote Drive, Vernon, CT 06066
 Phone: (860) 872-9163
 Fax: (860) 870-6580 • Referral Fax: (860) 872-2419

A Caring Hand, LLC. offers equal employment opportunity to all applicants for employment and to all employees regardless of sex, age, race, color, religious creed, sexual orientation, national origin, ancestry, marital status or disability.

PLEASE PRINT

DATE _____

Name _____
 Last Name First Name Middle Initial
 Present Address _____ Day Telephone () _____
 Street Number and Name
 _____ Eve. Telephone () _____
 City State Zip Code
 Other names under which you have worked _____
 Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? Yes No
 Can you, at time of orientation, submit: Proof of your legal right to work in U.S.? Yes No
 A birth certificate or other proof of age? Yes No
 Current driver's license number: _____ State _____
 Person to be notified in an emergency:

 Name Address Telephone

Position(s) applied for _____ Salary Requirement _____
 Specify: Full-Time Part-Time Per Diem Temporary Days and hours if part-time _____
 Shift preferred _____
 Were you previously employed by VNHSC or A Caring Hand? Yes No If yes, when and where? _____
 Names of relatives employed by VNSHC or A Caring Hand? _____
 If an offer is extended, when would you be available for work? _____
 How did you become aware of the position for which you are applying? Please give name of individual or source (friend, web site, relative, newspaper, agency) _____
 Do you have a reliable method of transportation to use if you are hired to work in this facility? Yes No

Name of School and Address	No. of Years Attended	Diploma/Degree	Date Received
<i>Professional and technical applicants only</i>			
Professional License No.	Type of License	Date and State of Issue	Expiration Date

Section 31-51 (i) of the Connecticut General Statutes requires that this portion of the application be detached when the application is to be read by anyone other than a member of the Department of Human Resources. **Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. Criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes are records relating to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person was found not guilty or a conviction for which a person received an absolute pardon. The applicant is NOT required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes.**

Have you ever been convicted of a felony? Yes No If yes, please give information regarding the charge and disposition of the case

Applicant Signature _____

Please Print Name _____

This section must be completed in full.



A CARING HAND, LLC

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself including, but not limited to, consumer credit history, criminal history, driving history and other reports. These reports may include personal reference information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State and other agencies which may maintain records concerning past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information. I hereby consent to your obtaining the above information. And, I further understand that to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

Print Name: _____

AKA and/or Maiden Name: _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State Issued _____ Exp. Date _____

Current Address _____

City, State, Zip _____

Previous Address _____

City, State, Zip _____

I will consent to a drug test prior to date of hire []

Applicant's Signature _____ Date _____