

# SARAH SENECA Residential Services, Inc.

11 Business Park Drive  
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

*Please print legibly & complete all sections – Applications in which information is illegible or incomplete cannot be processed*

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

### Privacy Protection for Social Security Numbers (P.A. 08-167)

**SARAH SENECA protects the confidentiality of the Social Security numbers** we collect in the course of business by maintaining physical, electronic and procedural safeguards to protect their confidentiality, including:

- Limiting access to the Social Security Numbers we collect
- Prohibiting unlawful disclosure of the Social Security numbers we collect
- Reviewing these safeguards on a regular basis
- Training our employees in the proper handling of Social Security numbers
- Requiring that third parties with access to Social Security numbers protect their confidentiality

- Answering "Yes" to the following question does not constitute an automatic bar to employment.
- Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
- You are not required to disclose an arrest, criminal charge or conviction if the records have been erased.
- The type of records subject to erasure include:
  - A finding of delinquency or that a child was a member of a family with service needs
  - A sentence as a youthful offender
  - A criminal charge that was dismissed, nolleed or that you were found not guilty of
  - A conviction that was pardoned
- Any persons whose criminal records were erased will be considered to have never been arrested and may swear so under oath.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide dates and details:

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                          |   |       |
| HOURLY WAGE                             |   |       |

|   |   |       |
|---|---|-------|
| EMPLOYER                                | TELEPHONE #   |       |
| ADDRESS                                 | CITY  | STATE |
| JOB TITLE                               |   |       |
| IMMEDIATE SUPERVISOR                    | TELEPHONE #   |       |
| WHY DID YOU LEAVE?                      |   |       |
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| JOB RESPONSIBILITIES                    |   |       |
| WHAT DID YOU LIKE MOST ABOUT YOUR JOB?  |   |       |
| WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? |   |       |
| DATES EMPLOYED                          |   |       |
| HOURLY WAGE                             |   |       |

|   |   |       |
|---|---|-------|
| EMPLOYER                                | TELEPHONE #   |       |
| ADDRESS                                 | CITY  | STATE |
| JOB TITLE                               |   |       |
| IMMEDIATE SUPERVISOR                    | TELEPHONE #   |       |
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| WHAT DID YOU LIKE MOST ABOUT YOUR JOB?  |   |       |
| WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? |   |       |
| DATES EMPLOYED                          |   |       |
| HOURLY WAGE                             |   |       |

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

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| WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? |   |       |
| DATES EMPLOYED                          |   |       |
| HOURLY WAGE                             |   |       |

|   |   |       |
|---|---|-------|
| EMPLOYER                                | TELEPHONE #   |       |
| ADDRESS                                 | CITY  | STATE |
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| IMMEDIATE SUPERVISOR                    | TELEPHONE #   |       |
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| WHAT DID YOU LIKE MOST ABOUT YOUR JOB?  |   |       |
| WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? |   |       |
| DATES EMPLOYED                          |   |       |
| HOURLY WAGE                             |   |       |

|   |   |       |
|---|---|-------|
| EMPLOYER                                | TELEPHONE #   |       |
| ADDRESS                                 | CITY  | STATE |
| JOB TITLE                               |   |       |
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| WHY DID YOU LEAVE?                      |   |       |
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| JOB RESPONSIBILITIES                    |   |       |
| WHAT DID YOU LIKE MOST ABOUT YOUR JOB?  |   |       |
| WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? |   |       |
| DATES EMPLOYED                          |   |       |
| HOURLY WAGE                             |   |       |

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

**EMPLOYMENT HISTORY** (Continued)

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

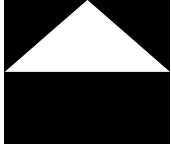
**SARAH SENECA Residential Services, Inc.** does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration of employment on the basis of his or her sex, race, color, religion, national 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., 06007*. 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.

|   |              |       |
|---|--------------|-------|
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No | WHICH STATE? | YEAR? |
|   |              |       |

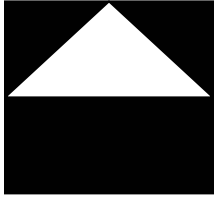
Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b-146, 54-76o or 54-142a, the criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining 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 has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a 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.

### PLEASE FILL OUT THIS FORM COMPLETELY

|   |                     |                |
|---|---------------------|----------------|
| PRINT NAME                              |                     |                |
| LIST ALL OTHER FIRST/LAST NAMES USED    |                     | 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' SIGNATURE                   |                     | DATE           |

#### EMPLOYER USE ONLY

|                                     |                                      |                                  |
|-------------------------------------|--------------------------------------|----------------------------------|
| LORI CAST, ASST. EXECUTIVE DIRECTOR | TEL. 203-315-3770                    | FAX 203-315-3775                 |
| CRIMINAL / STATES                   | DRIVER HISTORY                       | EMPLOYMENT                       |
| SSN                                 | PROF. LICENSE                        | 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) |
| Professionals          | Office & Clerical Workers | Laborers (unskilled)      |
| Technicians            | Craft Workers (skilled)   | Service Workers           |

Notes:

|              |      |
|--------------|------|
| Completed By | Date |
|              |      |