ALLIED COMMUNITY Services
Creating Opportunities for People.
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write@alliedgroup.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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

PERSONAL INFORMATION **DATE: _____**

Name:

Current Address:	City, State, Zip:
Home Phone: ( )	Other Phone: ( )
E-Mail Address:	Are you legally able to work in the U.S.? Yes No

Previous Addresses for past seven years: (Starting with most recent)

Position applying for: (Please check all that apply) ☐ Full-Time ☐ Part-time ☐ Sub ☐ Temp

Referral Source: ☐ Newspaper (which?) _____ ☐ Employee ☐ Walk-in ☐ State Employment Office ☐ Website ☐ Other

Salary Requirement:	Date You Can Start:
Prefer to work: M T W Th F Sa Su	Shift Preference: ☐ Days ☐ Evenings ☐ Overnights ☐ Any

Drivers License #:	State:	Expiration Date:

Has your license ever been revoked or suspended? ☐ Yes ☐ No If "Yes" explain:

Have you ever been convicted of driving under the influence, leaving the scene or reckless driving? ☐ Yes ☐ No
If "yes" explain:

List any accidents or violations in the past three years:

EDUCATION RECORD: (Name, City, State)

High School		Graduation Date:
Business or Tech School		Graduation Date:
Undergraduate College	Degree:	Graduation Date:
Graduate School	Degree:	Graduation Date:
Other	Degree:	Graduation Date:

PROFESSIONAL LICENSES OR CERTIFICATES (eg. CPR, First Aid, Med. Cert., CNA, HHA)

Kind(s) of License or Certificate	Issued By	Expiration Date

VETERAN STATUS:

Are you a Veteran? ☐ Yes ☐ No	If "Yes" which conflict?

WORK HISTORY **(Please give information about your last three jobs, starting with the most recent.)**

1-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:
2-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:
3-Employer	Supervisor:
Address:	
Employment Dates: FROM / / TO / /	Salary
Title:	
Specific Duties:	
Name, if different, as it appeared on Employer's record:	Reason for Leaving:

PROFESSIONAL REFERENCES: Note names, work address and day-time phone numbers of individuals who have supervised you. Provide work related references only.

1. Name	Title
Address	
Phone number during business hours: ( )	
2. Name	Title
Address	
Phone number during business hours: ( )	
3. Name	Title
Address	
Phone number during business hours: ( )	

In your own words, include any other information you believe would help us make a decision to interview you. (For example, what value can you add to the agency?)

What would each employer say are/were your three major contributions?
What would each employer say are/were two areas that need development?

Allied Community Services conducts criminal background, drivers' license and DDS Abuse and Neglect Registry checks as appropriate. This information will be available only to Human Resources and those individuals involved in interviewing the candidate. You are 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 54-142, which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which you have been found not guilty or a conviction for which you have received an absolute pardon. If your only criminal record consists of items that have been erased under the statutes listed above, then you may state on this form you have not been arrested.

Have you ever been convicted of a crime (excluding motor vehicle violations)? ☐ Yes ☐ No If "Yes," please explain:

Please Read and Sign

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of my driving record and all statements contained in this application **including full release of information from my listed employers and references.**

It is my intention that this employer be fully informed of my background. I release from liability anyone listed on this application so that they can provide full information about my work and character, and release this employer from liability for seeking such information. I further understand that my driving and criminal record, as well the DDS Registry for substantiated abuse and neglect may be verified as part of the background check

In the event of employment, should it be subsequently found that I omitted, falsified, or provided misleading information given in my application or interview(s), immediate discharge may result. I also understand that I am required to abide by all policies, rules, regulations, and procedures of the employer.

I acknowledge that any employment relationship is on an "at will " basis which means that I may resign at any time with or without notice and the employer may discharge me at any time with or without cause and with or without notice, and that no other statements to the contrary are valid unless written under the signature of the President/ CEO.

If I need accommodation for employment I will so specify when interviewed.

Signature: Social Security Number: - - Date:

FOR REVIEWER USE ONLY

Interviewed:	*Results:*	*If not hired, reason:*		
☐ Yes	☐ Hired	☐ Not qualified	☐ No show	☐ Refused offer
☐ No	☐ Not Hired	☐ More qualified applicant	☐ Not interested	☐ $ req too high

OTHER: _____

COMMENTS:

EOE FORM

Allied Community Services, Inc. and its subsidiaries are Equal Opportunity and Affirmative Action Employers. To help us comply with government record keeping requirements, we would appreciate your completing the following information. This form is voluntary. If you choose not to provide the information, your decision will not affect your application.

This data will be kept confidential, and will be kept separate from your application.

_____ _____/_____/_____

Name Date

____ Male ___ Female

Race/Ethnicity Data (Please Check One)

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

Thank you for your assistance.