



To help us comply with federal and/or state fair employment practice and reporting requirements, please answer the following questions below. **THIS INFORMATION IS NOT A CONDITION OF EMPLOYMENT, WILL NOT AFFECT YOUR EMPLOYMENT AND IS NOT MANDATORY ON YOUR PART.** All information will be considered strictly private and will be used for Equal Employment Opportunity purposes only. The applicant will not be subjected to any adverse treatment if he or she does not provide the information requested.

This form is not a part of the attached employment application form and will not be available to any person reviewing your application for employment.

Date: _____

Position(s) applied for: _____

Name (PRINT): _____

Sex: Male: _____ Female: _____

Race/Ethnic Group: For Equal Employment Opportunity purposes, I wish to identify myself as (please check all boxes that apply):

- 1. **None of the below:** _____
- 2. **White:** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. _____
- 3. **Black:** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa. _____
- 4. **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. _____
- 5. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. _____
- 6. **American Indian or Alaskan Native:** All person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. _____

REFERRAL SOURCE:

- | | |
|--|--|
| <input type="checkbox"/> Advertisement: Circle Source: | <input type="checkbox"/> Employment Agency |
| CT Post Rep-Am | <input type="checkbox"/> College Recruitment |
| News Times N.H. Register | <input type="checkbox"/> Employee Referral |
| Herald Other | <input type="checkbox"/> If none of the above, please specify: |
| <input type="checkbox"/> Walk-in | |
| <input type="checkbox"/> Government Agency | _____ |

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Family & Children's Aid is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the organization. Please inform our Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

| | | | | | |
|---|------------|--------------------------|-----------------|--|--|
| Personal Data | | | | | |
| Last Name | | First Name | | Middle Name/Initial | |
| Street Address | | City | | State/Zip | |
| How long have you lived at your current address: | | | | | |
| If less than three years, please list your previous address(es) for the last three years: | | | | | |
| Street Address | | City | | State/Zip | |
| Street Address | | City | | State/Zip | |
| Home Phone | Work Phone | E-mail Address | | Social Security # | |
| Position for which you are applying: | | | | | |
| Homecare for Elderly – PT | | <input type="checkbox"/> | | Clinician Position Master's Level – PT | |
| Business Office/Clerical – PT | | <input type="checkbox"/> | | Clinician Position Master's Level – FT | |
| Business Office/Clerical – FT | | <input type="checkbox"/> | | Residential Home Position– FT | |
| After school program – PT | | <input type="checkbox"/> | | Residential Home Position – PT | |
| Date Available: | | | Salary Desired: | | |

REFERRAL SOURCE

- | | |
|--|--|
| <input type="checkbox"/> Advertisement: Circle Source: | <input type="checkbox"/> Employment Agency |
| CT Post Rep-Am | <input type="checkbox"/> College Recruitment |
| News Times | <input type="checkbox"/> Employee Referral |
| Herald | <input type="checkbox"/> If none of the above, please specify: |
| <input type="checkbox"/> Walk-in | _____ |
| <input type="checkbox"/> Government Agency | |

Please circle correct answer:

Do you have experience working with children?.....Yes
No
 Are you currently employed?.....Yes
No
 May we contact your current employer?.....Yes
No

Ever apply to this agency before?.....Yes
No
 Ever work at this agency before?.....Yes
No
 Are you a US citizen or are you legally authorized to work in the United States for any employer?.....Yes
No
 Are you under the age of 18?.....Yes
No

If under the age 18, please state your age: _____

Have you or anyone in your family ever been investigated by the Department of Children & Families.....Yes
No

If yes, please explain _____

Have you ever been suspended, discharged or asked to resign from any position?.....Yes
No

If yes, please explain _____

| Availability | | | | | | | |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Please put a to – from time for am & pm | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |

How many hours would you like to work a week? _____

Would you be willing to work at other FCA locations?.....Yes No

| Education | | | | |
|--------------------------|----------|-------------------------|-------------------|-------------|
| Name of Institution | Location | Highest Grade Completed | Did you graduate? | Major/Minor |
| High School | | 9 10 11 12 GED | | |
| College | | 1 2 3 4 | | |
| Trade or Business School | | | | |
| Graduate School | | | | |
| Other | | | | |

WHAT DO YOU THINK?

1. Do you have experience working with DCF involved children? Yes No

2. How comfortable are you with handling the following in regards to the children in our placement:

| | Very Comfortable | Comfortable | Not Comfortable |
|------------------------|---------------------|-------------|--------------------|
| Toilet Training | | | |
| Diapering | | | |
| Bed Wetting | | | |
| Bottle Feeding | | | |
| Bathing | | | |
| Cooking/Meal Preparing | | | |
| Light Cleaning | | | |
| Laundry | | | |

3. Would you be comfortable executing a protective hold on a child once properly trained? Yes No

4. Do you feel that Direct care staff should try to build a connection with children during their residential stay by showing love and affection through hugs, kisses, cuddles, and hand-holding? Yes No

5. Which of the following outlines the primary responsibility of a Direct Care Worker in the Safe Home?
- A. Making sure children are shown physical affection (i.e. cuddles, hugs, kisses, etc.)
 - B. Providing a safe environment in which the children can thrive.
 - C. Taking the place of a parent in regards to unconditional love.

6. Would you give you personal contact information to a resident? Yes No

7. A six-year-old child in the safe home is know to have very self injurious behaviors when upset. To help calm himself down, this child likes to color. You see this child getting upset and ask him to come color with you to hopefully keep his self-injurious behaviors at bay. The child begrudgingly agrees by saying "Fine. Give me the F*%#ing crayons."
 Do you give the child the crayons? Yes No

8. Raising your voice is the best way to get the attention of a child. True False

9. Consequences are meant to teach, not to punish. True False

10. It is okay to tell a child that you don't think they need medication. True False

11. Staff should always share personal information with the children to help them feel more comfortable. True False

12. Do you know anyone who works or has worked for Family & Children's Aid? Yes No
 If yes, please indicate who.

13. Please use the space below to provide a brief summary of your experience and qualifications that support your interest in pursuing a position in the human services field.

**Employment History List all employment history for the past ten years, starting with the most recent or present employer. If you need additional space, please use the reverse side.
 DO NOT WRITE "PLEASE SEE RESUME." THIS PAGE MUST BE COMPLETED**

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

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

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

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

References (List three to five professional references. Include name/title, address, phone number and e-mail address)

Reference Name: _____ Reference Company: _____

Reference Title: _____ Reference Phone () _____

Reference E-mail: _____

Relationship to Applicant: _____

Reference Name: _____ Reference Company: _____

Reference Title: _____ Reference Phone () _____

Reference E-mail: _____

Relationship to Applicant: _____

Reference Name: _____ Reference Company: _____

Reference Title: _____ Reference Phone () _____

Reference E-mail: _____

Relationship to Applicant: _____

Reference Name: _____ Reference Company: _____

Reference Title: _____ Reference Phone () _____

Reference E-mail: _____

Relationship to Applicant: _____

Reference Name: _____ Reference Company: _____

Reference Title: _____ Reference Phone () _____

Reference E-mail: _____

Relationship to Applicant: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to provide any additional job-related information necessary to describe your full qualifications for The specific position for which you are applying.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

- _____ Initials I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

- _____ Initials I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

- _____ Initials I do not have a contract of employment, non-competition agreement or any other agreement with a prior employer that would preclude or limit my employment with Family & Children's Aid. I agree that I have disclosed the existence of any such agreements.

- _____ Initials I understand that I will be subject to a drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work with Family & Children's Aid.

- _____ Initials I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

- _____ Initials I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

- _____ Initials I understand that an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to signing any requested consent for the Company to conduct an investigation or obtain a report about my background and satisfactory completed of background checks.

- _____ Initials I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other unless otherwise prohibited by law.

- _____ Initials I understand that no representation, whether oral or written, by any representative or agent of Family & Children's Aid, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Operations or his/her authorized representative.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____ Date _____

REQUEST FOR CRIMINAL HISTORY

1. Have you ever been convicted of a crime? (A conviction will not necessarily be a bar to employment.)

Yes _____ No _____

If you answered “yes”, please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation.

Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of “delinquency” or that, as a child, you were a member of a family with service needs, (b) a ruling you are a “youthful offender”, (c) a criminal charge that has been dismissed or nolle; (d) a finding you are not guilty for a criminal charge, or (e) a conviction for which you have received an “absolute pardon”. Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Signature

Printed Name

Date

EMPLOYMENT AND INVESTIGATION OF PERSONS WITH CRIMINAL RECORDS

1. Except as otherwise provided in this document, a person shall not be disqualified from employment in this agency solely because of a prior conviction of a crime.
2. A person may be denied employment by reason of a prior conviction of a crime, if after considering (a) the nature of the crime and its relationship to the job for which the person has applied; (b) information pertaining to the degree of rehabilitation of the convicted person; and (c) the time elapsed since the conviction or release, the agency determines that the applicant is not suitable for the position of employment sought.
3. If a person with a criminal record is hired, that information will remain in his/her personnel file, available only to his/her supervisor, the Executive Director, and the personnel committee of Family and Children's Aid, Inc.
4. All current and potential employees of Family & Children's Aid, Inc. must sign a written authorization allowing Family & Children's Aid, Inc. and any local, state, or federal police or law enforcement agency to investigate the criminal record background of the prospective or current employee.
5. Family & Children's Aid, Inc. does not require you to answer the questions below. However, if you decline to answer these questions, and have previously been convicted of a felon, you will be disqualified from consideration for employment with Family & Children's Aid, Inc.
6. On every employment application submitted by all prospective employees of the agency, the following questions will be asked:

(a) I have or have not been convicted of a felony.

(b) If you have been convicted in the past, please describe the following:

Crime for which you were convicted _____

Approximate date of sentencing _____

Sentence handed down by Court for this conviction _____

Date sentence or probation completed _____

City & State in which you were convicted _____

7. I hereby consent to signing an authorization allowing Family & Children's Aid, Inc., and any city, state or federal law enforcement agency to investigate my criminal background.

Signature _____

Print Full Name _____

Maiden Name: _____ DOB _____

Social Security Number: _____

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee)

Authorize Rose & Kiernan, Inc. to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the _____ State Department of Motor Vehicles.
(Name of State)

I also authorize release of this information to my employer. (or proposed employer.)

Signature of Employee

Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number

State

Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip _____

Date signed: _____

*Personal information means information that identifies an individual including and individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.

ACCIDENT & VIOLATION RECORD

Do you have any violations on your driving record? (Include all and any moving violations, speeding tickets, accidents & seatbelt infractions) Yes No

If yes, please describe any and all violations on your driving record for the past five years, **for speeding; please specify posted speed limit & speed clocked by police:**

Violation #1

| | | | |
|---|--|--|--|
| Date of Violation/Accident | | Type of Violation | |
| Where did the violation/accident occur? | | Were there other passengers? If so, relationship to driver | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the incident in specific detail. | | | |
| Were there any injuries? | | | |

Violation #2

| | | | |
|---|--|--|--|
| Date of Violation/Accident | | Type of Violation | |
| Where did the violation/accident occur? | | Were there other passengers? If so, relationship to driver | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the incident in specific detail. | | | |
| Were there any injuries? | | | |

Violation #3

| | | | |
|---|--|--|--|
| Date of Violation/Accident | | Type of Violation | |
| Where did the violation/accident occur? | | Were there other passengers? If so, relationship to driver | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the incident in specific detail. | | | |
| Were there any injuries? | | | |

Please use the back of the form to include additional violations.

I certify the above statements are true to the best of my knowledge and understand that Family & Children's Aid will need to verify my driving record in evaluation of my candidacy for employment.

Signature

Date



5/2010

Authorization for Release of Information for DCF CPS Search



I, _____ do hereby authorize the Department of Children and Families to research
(Type Applicant Name)

their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code
Attention: Agency: _____ Address: _____ City: _____ State: _____ Zip Code: _____

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____
 Last First Middle
 Date of Birth: _____
 Social Security #: _____
 Address: _____
 Street (No P.O. Boxes) Apartment No.
 How Long at Current Address: _____ Yrs. _____ Mos.
 City State Zip Code

| Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary) | | | | | | <input type="checkbox"/> Check if reverse side used | |
|---|--------|-----------|-------|----------|----------------|---|--|
| Street (No P.O. Boxes) | Apt. # | City/Town | State | Zip Code | Dates | | |
| | | | | | From Month/Yr. | To Month/Yr. | |
| | | | | | | | |
| | | | | | | | |

| Other Names I have Used – Including Maiden, Previous Marriages(s) | | | <input type="checkbox"/> Check if reverse side used |
|---|-------|--------|---|
| Last | First | Middle | |
| | | | |
| | | | |

| Name of Spouses/Other Adults in the Home – Past and Present | | | | | | <input type="checkbox"/> Check if reverse side used |
|---|-------|--------|-----------------------|-------------------|---------------------------------------|---|
| Last | First | Middle | D.O.B. Month/Day/Year | Social Security # | Signature/Date (If Still in the Home) | |
| | | | | | | |
| | | | | | | |

| Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home | | | | | | <input type="checkbox"/> Check if reverse side used |
|---|-------|--------|-----|-----------------------|--|---|
| Last | First | Middle | Sex | D.O.B. Month/Day/Year | | |
| | | | | | | |
| | | | | | | |

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE
FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Hotline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ RECORD FOUND: YES _____ NO _____ Processor's Initials: _____