Application for Employment



246 Post Road East Westport, CT 06880 Tel: (203) 226-7895 Fax: (203) 221-0533

Please complete the enclosed applicaton and return it by mail to the above address. All applications must be accompanied by a typed resume. Please be assured that your applicatiaon and resume with be reviewed promptly. Thank you for interest in CLASP Homes.

<u>CLASP HOMES, INC.</u> <u>APPLICATION FOR EMPLOYMENT</u>

An Equal Opportunity Employer

CLASP Homes, Inc. will not, except in the case of a bona fide occupational qualification or need, or except as otherwise permitted or required by law, discriminate on the basis of: race, color, religious creed, age, gender, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability, including but not limited to blindness, with respect to hire, compensation, promotion, discharge from employment or other terms and conditions of employment.

Please respond to every question on the application and if it does not apply, please indicate so by noting N/A.

NAME :		DATE :	
ADDRESS :			
Street	City	State	Zip
PHONE :	Are you	over 18 years of	f age? Yes / No
<u>SS #</u> (For applic	able back	ground/referenc	e checks)
Are you legally able to work in the U.S.? Yes / No			
Have you previously been employed at CLASP Hordates and location of employment.		-	
Do you have any relatives that work here? Yes / New Name:F	• •		-
How were you referred to CLASP Homes, Inc.?			
EDUCAT	<u>'ION</u>		
HIGH SCHOOL :NAME	ADDRESS	5	
GRADUATED : YES / NO			
COLLEGE :	Α	DDRESS	
GRADUATED : YES / NO YEAR :			
GRADUATE / TECHNICAL / OTHER SCHOOL:		NAME	
ADDRESS GRADUATED : YES / NO YEAR :			
CERTIFICATION TYPE :			

DEPARTMENT RESIDENTIAL :			ADMIN	ISTRATIV	'E :	
FULL TIME :	PART	ГІМЕ :	(OTHER : _		
CHECK THE PO	SITION FOR	WHICH YO	DU ARE AI	PPLYING :		
MANAGER :	PROGRAM S	UPERVISO	OR : RES	IDENTIAL	. INSTRUC	TOR :
ARE YOU AVA OVERTII	ILABLE TO W ME : V	,	5 :	OVERNIG	HTS :	
HOURS AVAIL				D · 1	G , 1	C 1
From	lay Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
To						
		EM	IPLOYMEN	TI		
LIST IN CHRON POSITION : 1)		·			E MOST RI	ECENT
Employer						
Street		City		State	Zip C	Code
Phone Number	Sı	pervisor				
Position Title	Da	ates of Employ	yment	Why yo	ou left	
Position Responsibil	ities:					
* May we contact yo	ur current employ	ver for a refere	nce? yes/nc)		
2)						
2) Employer						
Street		City		State	Ziŗ	O Code
Phone Number	Sı	ipervisor				
Position Title	Da	ates of Employ	yment	Why yo	ou left	
Position Responsibi	lities:					

3) _____ Employer

Street	City	State	Zip Code
Phone Number	Supervisor		
Position Title	Dates of Employment	Why you le	ft
Position Responsibilities:			
4)			
Employer			
Street	City	State	Zip Code
Phone Number	Supervisor		
Position Title	Dates of Employment	Why you le	ft
Position The	Dates of Employment	wity you ie	11
Position Responsibilities:			
Position Responsibilities: Do you know sign lat Have you ever served		tion ?	
Position Responsibilities: Do you know sign lan Have you ever served related to the positior	nguage or facilitated communicat	tion ? If yes, did you a	quire any special s
Position Responsibilities: Do you know sign lan Have you ever served related to the position 	nguage or facilitated communicat l in the armed forces? Yes / No n for which you are applying?	tion ? If yes, did you a	quire any special s
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Position Responsibilities: Do you know sign lan Have you ever served related to the position Any special skills? What are your minim	nguage or facilitated communicat l in the armed forces? Yes / No n for which you are applying?	tion ? If yes, did you a	quire any special s

ACKNOWLEDGEMENT AND RELEASE TO OBTAIN INFORMATION

I have answered all of the above questions to the best of my ability, I hereby certify that there are no omissions of any kind, and no misrepresentations or falsification, and that the above answers are true and accurate and are made in good faith. I understand and acknowledge that, if I am hired by CLASP Homes, Inc., any omission I have made or misrepresentation or falsification, may be grounds to discontinue further consideration of my application, or for immediate termination of my employment if already hired. I further understand and acknowledge, that if CLASP homes, Inc., offers me employment, such employment is on an at-will-basis, and that both CLASP Homes, Inc. and I shall be free to end the employment relationship at any time and for any reason, should I choose to accept the offer.

I hereby authorize and voluntarily release CLASP Homes, Inc. to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and ability to perform in the position I am applying for, including but not limited to review of my educational and employment references and background and a criminal conviction history check, and I release from any liability any and all former employers or educators, or personal or other references who supply CLASP Homes, Inc. with information about my background, education or employment history.

I understand that, upon receiving a conditional offer of hire from CLASP Homes, Inc., I may be required to pass a medical examination prior to actual employment. I further understand that, upon receiving a conditional offer of hire from CLASP Homes, Inc., I will be required to pass a urinalysis drug test in compliance with applicable state statutes prior to actual employment. Any refusal to submit to required testing will be grounds for discontinuing the employment application process. Refusal to submit includes failure to provide an adequate amount of urine for testing, without a valid medical explanation, or any conduct that clearly obstructs the testing process.

SIGNATURE

DATE

CONSENT AND ACKNOWLEDGEMENT FORM

CLASP HOMES, INC., HAS A DRUG AND ALCOHOLPOLICY TO PROVIDE FOR A WORK ENVIRONMNET FREE OF DRUG AND ALCOLHOL ABUSE. THEREFORE, AS A CONDITION OF EMPLOYMENT OU ARE RQUIRED TO SUCCESSFULLY COMPLETE A URINALYSIS DRUG SCREEN AS PART OF THE PRE-EMPLOYMNET SCREENING PROCESS.

AN OUTSIDE PROFESSIONAL LABORATORY CONDUCTS DRUG TESTS FOR CLASP.

I UNDERSTAND THAT COMPLIANCE WITH CLASP'S POLICY ON SUBSTANCE ABUSE IS A CONSITION OF MY EMPLOYMENT.

APPLICANT'S SIGNATURE

DATE

03/2013