



APPLICATION (Check all that apply)

Employment
 Volunteer
 Internship

DATE: _____

Last Name _____	First Name _____	Middle _____
Current Address: Street _____		City _____ State _____ Zip Code _____
Home Phone No. _____	Cell Phone _____	E-mail Address _____ Referred by _____
Proof of Eligibility to Work in U.S.? YES _____ NO _____	Over 18? YES _____ NO _____	Have you been fired from a job? YES _____ NO _____
Driver's License _____	State _____	Public Service Operator _____ YES _____ NO _____
In accordance with DDS Related Parties disclosure, do you have any immediate family or relatives employed by Favarrh? YES ___ No ____. If Yes, provide name and relationship: Name: _____ Relationship: _____		

Employment Preferred:

Position Desired _____	Full Time _____	Start Date _____	Pay rate Desired _____
Locations willing to travel _____	Part Time _____	Days/Times available _____	
Substitute _____			
Currently Employed? YES _____ NO _____	If yes, may we contact your present employer? YES _____ NO _____		Current Pay Rate Hour /Annual \$ _____
Previously Employed at Favarrh YES _____ NO _____	Ever Applied To Favarrh Before? YES _____ NO _____	What position? _____	When? _____

Education:

Name and Location	last year completed	Graduate Yes/No	Subjects Studied & Degree(s) Earned
College/University:	1 2 3 4		
Trade, Business or Correspondence School:	1 2 3 4		
High School:	1 2 3 4		

Special Training or Certifications _____	Courses or Related Experience? _____
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Medication Certificate: Yes No Exp. Date: _____ CPR: Yes No Exp. Date: _____

First Aid: Yes No Exp. Date: _____ Physical/Psych Mgmt Training (PMT): Yes No

Work Experience: Please provide ten (10) years' work experience starting with your most recent experience including volunteer or internship experience.

Month/Year	Name / Address/ Phone Number.	Title / Duties	Reason for Leaving / Pay Rate
Start: End:			
Start: End:			
Start: End:			
Start: End:			

References: List names of 3 persons, *not related to you, who have supervised your work, or can speak to your professional experience. *Cannot be a friend or family member unless they have directly supervised your work.

Supervisor's Name	Phone No.	Company/ & Position	Years (Dates) Acquainted
1.			
2.			
3.			

Note: Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

PHYSICAL RECORD: Do you have any physical condition that may limit your ability to perform the job for which you are applying?

Yes No If yes, please explain: _____

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application. I understand that misrepresentation/falsification or omission of facts is cause for termination. Furthermore, I understand and agree that if employed, my employment is **at will** and is not for a definite period and may, regardless of the date of payment of wages earned, be terminated at any time by my own will or the employer's without any notice and or reason as outlined in The Arc of the Farmington Valley, Inc.'s Policies. I have fully read the job description and understand the responsibilities. **Authorization for Release of Information I, Applicant Signature _____, hereby authorize the release of information regarding employment history, criminal background, driving record, DDS neglect/registry and drug test results to The Arc of the Farmington Valley, Inc. Favarh.**

Signature: _____ **Date:** _____

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF Not SIGNED AND DATED.

NOTICE TO APPLICANTS

The Arc of the Farmington Valley, Inc. (Favarh) requires **successful completion** of a urinalysis drug test as part of its pre-employment screening process for potential employees applying for safety-sensitive positions. Additionally, The Arc of the Farmington Valley, Inc. requires successful completion of a urinalysis drug test if The Arc of the Farmington Valley, Inc. has reasonable suspicion that the employee is under the influence of drugs or alcohol that adversely affects or could adversely affect the employee’s job performance.

The Arc of the Farmington Valley, Inc. also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random urinalysis drug testing.

Drug tests are conducted for the Arc of the Farmington Valley, Inc. by an outside, professional laboratory. Further details will be provided to applicants who successfully meet The Arc of the Farmington Valley, Inc.’s other criteria for employment. Favarh is required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice indicating that you understand our policy.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.

Signature

Date

Have you ever taken the DMR Medication Test? NO **Stop here.** YES Please continue...

1. Medication Certification Expiration Date: _____

2. Have you ever been convicted of a crime involving the manufacture, sale, dispensing, possession, or possession with intent to sell any controlled substance?

YES NO

3. Is your current Medication Certificate under review for possible suspension or revocation?

YES NO

4. Has your Medication Certificate been suspended or revoked?

YES NO

Do not write below this line – Human Resources Only Notes

Date _____

HR _____