



Adult Vocational Programs, Inc.

Application For Employment

(n Equal Opportunity Employer)

Instructions

Print in ink. Answer all questions. Attach additional sheets, if required.

Date of Application

Date of Application: ____/____/____

Date Available to Work: _____

Applicant Information

Applicant Name: _____
Last First Middle

Address: _____
House Number & Street City State Zip

Date of Birth: ____/____/____ Email: _____

Home Phone: _____ Cell Phone: _____ Social Security No: _____

Applicant Availability

Per Diem

Part Time: (less than 29 hours per week)

Full Time: (>30 hours per week)

Education

1. Do you have a high school equivalency certificate?
Yes (please fill in below and proceed to military section) No

2. List the last High School or Technical School or Trade School you attended:

Name of School	Location	Dates Attended	Highest Grade Completed	Diploma Received	Degree or Certificate Received
				Yes	

3. List any colleges, business schools or graduate schools you attended.

Name of School	Location	Dates Attended	Course or Major	Degree or Certificate Received



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Driver's License

Do you hold a valid Connecticut driver's license? Yes No License number: _____

If no, please explain: _____

Voluntary Questions

Adult Vocational Programs, Inc. is an Equal Opportunity Employer. The information requested below is requested or voluntary for reporting purposes to the federal and state governments. You are not required to provide this information. Should you choose not to provide the information, it will not affect your application.

Gender: **Male** **Female**

Race The Federal Government uses the following definitions of Race/Ethnic Group)

White (not of Hispanic origin) - Origins of Europe, North Africa, or the Middle East.

Black – (not of Hispanic origin) - Origins in any of the black racial groups of Africa

Asian or Pacific Islander - Origins in Far East, Southeast Asia, Pacific Island or Indian subcontinent, China, Japan, Korea, Philippines, Samoa.

American Indian or Alaskan - Origins of North America, to maintain cultural identification through tribal affiliation of community recognition

Hispanic – Origins of Mexican, Puerto Rican, Cuban, Central American or other Spanish culture or origin regardless of race.

Disability Status

The federal government defines a handicapped person as someone who has a physical or mental impairment which substantially limits one or more major life activities (communication, socialization, education, vocational training, transportation, housing, or employment) or has a record of such impairment, or is regarded as having such an impairment. Information relating to handicap status helps us accommodate handicapped people in the workplace. This information is also kept confidential except where supervisors need to be informed to make reasonable accommodation. **If you have a handicap or disability, we would appreciate your indicating in the space below the nature of the handicap or disability, as well as any accommodations that might reasonably be made to enable you to perform your job properly and safely.**

Source

How did you find out about this job?

- Community agency (please give name) _____
- Newspaper or Trade Publication (please give name) _____
- Radio/TV (please give station or channel) _____
- Connecticut State Labor Department
- Internet (please give web name) _____
- Persons currently or formerly employed by Brian House, Inc. (please give name) _____
- Other (please state) _____



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Experience

Start with your present or last job and work back listing all paid or unpaid, full- or part-time work, military service and summer jobs. Use additional sheets of plain paper if you need more space. You must fill out this section completely even if you attach a resume. Failure to provide all the required information for each position or job title held may result in your application being disapproved. Although a resume can be attached, only jobs included in this section of this application form will be considered when determining if you meet the required minimum qualifications for the position for which you are applying.

May we contact your present employer? Yes No

Note: We may contact any previous supervisor to verify your past duties.

Starting Date Month/Year	Ending Date Month/Year	Name and Address of Present or Last Employer	Phone
Salary	Hours Per Week	Name, Title & Phone Number of your Immediate Supervisor	
Reason for leaving			
Job title (list all major duties and responsibilities performed by you in this role):			
Please list supervisory experience:			

Starting Date Month/Year	Ending Date Month/Year	Name and Address of Present or Last Employer	Phone
Salary	Hours Per Week	Name, Title & Phone Number of your Immediate Supervisor	
Reason for leaving:			
Job title (list all major duties and responsibilities performed by you in this role):			
Please list supervisory experience:			

Starting Date Month/Year	Ending Date Month/Year	Name and Address of Present or Last Employer	Phone
Salary	Hours Per Week	Name, Title & Phone Number of your Immediate Supervisor	
Reason for leaving:			
Job title (list all major duties and responsibilities performed by you in this role):			
Please list supervisory experience:			



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References

Name	Professional Relationship	Contact Number

Other

- Are you acquainted with any person currently employed by Brian House, Inc.? Yes No
If yes, specify name and relationship to you _____
- Within the last five years, have you been fired from any job for any reason? Yes No
If yes, specify reason why _____
- Within the last five years, have you quit a job after being notified that you would be fired? Yes No
If yes, specify circumstances _____
- Have you ever been convicted of an offense other than a minor traffic violation? Yes No
If yes, please explain _____
Note: You may omit: (1) minor traffic violations, (2) any offence committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under Federal or State law and (4) any convictions set aside under the Federal Youth Correction Act or similar state authority.

If you have answered yes to questions 2-4, please explain the circumstances further, including the date, nature, place, and any other information that you may wish to bring to our attention.

Note: A conviction does not automatically preclude an individual from employment with Adult Vocational Programs, Inc. This information is only one factor in the employment decision and is evaluated only if it is relevant to the job(s) for which you are applying.

Signature and Certification

In making this application, I understand that Adult Vocational Programs, Inc. employment policy requires that verification of the accuracy of the information presented on the employment application and during the interview procedures verifying previous employment dates and checking the applicants name in the DDS Registry of persons terminated due to sustained abuse/neglect. I am aware that my employment screening may include the verification of educational credentials and occupational licenses, reviewing my motor vehicle record and, to the extent allowed by law, conducting a criminal background investigation. Adult Vocational Programs, Inc. will maintain confidentiality of all personal information.

I certify that to the best of my knowledge all statements made are true and complete and that any false or inaccurate information will be sufficient cause for rejection of this application or dismissal after employment. In making this application, I understand that if employed, my employment relationship with Adult Vocational Programs, Inc. shall be on at-will basis, meaning Adult Vocational Programs, Inc. reserves the right to terminate my employment at any time without notice or cause as its sole discretion and that the employment relationship is terminable by Adult Vocational Programs, Inc. or me at any time.

Signatures to this application for employment and acceptance thereof by Adult Vocational Programs, Inc. does not create and should not be interpreted as creating an employment contract, express or implied, or implied covenant to discharge or terminate employment for just or good cause only.

Date of this application: _____

Please save this application to your computer by pressing CTRL+S, then email your completed application to: jobs@brianhouse.org. Thank you for your interest in Adult Vocational Programs, Inc.