

EMPLOYMENT APPLICATION

INFORMATION

Full Name:							Date	:
	Last		First			М.І.		
Address:								
	Street Addr	ress						Apartment/Unit #
	City					State		ZIP Code
Home Phone	e:			Email:				
Cell Phone:								
Position App	blied for:							
Date Availat	ole:							
	_		EDU		NI	_		
			EDU	CATIO	N			
High School	:		Addre	ss:				
From:		То:	Did you graduat	YES te?		Diploma::		
College:			Addre	ss: YES	NO			
From:		То:	Did you graduat			Degree:		
Other:			Addre	ss:				
				YES	NO			
From:		То:	Did you graduat	ie?		Degree:		
Other:			Addres	ss:				
PROFESSIONAL LICENSES/CERTIFICATIONS								
Type: State/Organization:								
Date Issued			on:					

Branch:	From:		То:		
Rank at Discharge:					
PREVIOUS EN	PLOYMENT				
* You may include verified volunteer work in this section	of the application.				
Company:Address:					
Job Title:					
Responsibilities:					
	Reason for Leaving:_				
Company:Address:					
Job Title:					
Responsibilities:					
From: To:	Reason for Leaving:				
Company:					
Job Title:					
Responsibilities:					
From: To:	Reason for Leaving:				
PREVIOUS ICARE	EEMPLOYMEN	IT			
Please indicate whether you ever worked for or currently an (Even if they were under a d			cilities or locations.		
Facility Name and Location	YES NO	Job Title	Approx Years		
iCare, 341 Bidwell St., Manchester, CT 06040					
Touchpoints at Manchester, 333 Bidwell St., Manchester, CT 06040					
Chelsea Place Care Center, 25 Lorraine St., Hartford, CT 06	105				

Facility Name and Location	YES	NO	Job Title	Approx Years
Touchpoints at Chestnut, 171 Main St., East Windsor, CT 06088				
Touchpoints at Home, 1838 Silas Deane Hwy, Rocky Hill, CT 0606	67			
Touchpoints at Farmington, 20 Scott Swamp Rd., Farmington, CT 060)32			
Fresh River Care Center, 96 Prospect Hill Rd., East Windsor, CT 0608	88			
Meriden Care Center, 33 Roy St., Meriden, CT 06450				
Trinity Hill Care Center, 151 Hillside Ave., Hartford, CT 06106				
Parkville Care Center, 5 Greenwood St, Hartford, CT 06106				
Westside Care Center, 349 Bidwell St., Manchester, CT 06040				
Wintonbury Care Center, 140 Park Ave., Bloomfield, CT 06002				
SecureCare, 60 West St., Rocky Hill, CT 060067				
Holyoke Care Center, 35 Holy Family Rd, Holyoke, MA 01040				

ACKNOWLEDGMENT AND SIGNATURE

Employment actions such as recruiting, hiring, training, and promoting individuals are based upon a policy of nondiscrimination. Employment decisions and actions are made without regard to race, color, gender, religion, age, national origin, ancestry, sexual orientation, gender identity and expression, disability, military status, genetic information, political affiliation, or veteran's status.

I certify that the information I have provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading statements on this application or during an interview are grounds for terminating the hiring process or if discovered after employment, terminating my employment. I agree that the employer shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application.

If an offer of employment is made to me, I understand that the employer may declare that the offer is contingent upon the successful results of a medical exam, references, and/or a background check. In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. MGL Ch.149, Section 19B.

Signature:			Date:
		REFERRAL	
Did an employee refer you to this job?	YES		
If so, who:			