

This application must be completed entirely and all questions must be answered even when attaching a resume. If a question does not apply indicate "N/A" for non-applicable.



Mail to: 950 Slater Road, New Britain, CT 06053

Fax to: 860-826-6883

Phone: 860-229-6665

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

E-Mail Address:

Home Phone:

Cell Phone:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Available to Work:

Full Time

Part Time

Per Diem

How did you learn about us?

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

Are you eligible to work in the U.S.? Yes No

Are you a U.S. Citizen? Yes No
If not, proof of citizenship or immigration status will be required upon employment.

Do you have a current Driver's License? Yes No

Position Applied for:

Salary Desired:

When are you available to begin work?

Can you travel if job requires it? Yes No

Driver's License Number:

State of Issue:

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate any foreign languages you can speak, read and/or write:

Language	Speak	Read	Write
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue on the next page

Describe any specialized training, licenses, apprenticeships, skills and extra curricular activities:

Describe any honors you have received:

List professional, trade, or business activities and offices held:

You may exclude membership that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

Military Service: Branch: Served From: To:

Type of Military Discharge:

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience:

Previous Employment (list up to 4)

1.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Salary: From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: Yes No

Continue on the next page

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:

Yes

No

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:

Yes

No

Continue on the next page

4.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: Yes No

Why would you like to work for CCARC, Inc.? Please respond with a minimum of 50 words.

Applicant's Statement

By signing your application you are stating that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Print Name: _____ Date: _____ Signature: _____