

LOWER VALLEY CARE ADVOCATES, LLC (LVCA)
APPLICATION FOR EMPLOYMENT
 61 Main Street Suite 5 Centerbrook, CT 06409
 860-767-2695

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION FOR VARIOUS REASONS, INCLUDING RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, SEX, OR DISABILITY.

PERSONAL DATA

Please Print

Last Name _____ First Name _____ Middle Initial ____ Date _____

Present Address (Street and Number) _____

(City, State, and Zip Code) _____ For How Long? _____

Telephone () _____ Mobile () _____

Previous Address (Street and Number) _____

(City, State, and Zip Code) _____ For How Long? _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____ Telephone () _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT MINOR TRAFFIC VIOLATIONS)? ___ Yes ___ No
 If yes, please attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

Do you have a driver's license? ___ Yes ___ No Type _____

State _____ Expiration Date __

Do you have the legal right to work in the United States? ___ Yes ___ No

All prospective LVCA employees will undergo a comprehensive background check and drug screening.

EDUCATION

Schools Attended	Name and Address of School	Degree or Type of Diploma	Major Course of Study
High School			
College or University			
Business or Technical			
If you attended college but did not graduate, how many credit hours needed for degree? Associate _____ Bachelor _____			

WORK INTEREST

(Office staff only) Position Applied For	Minimum Salary	Type of Employment Desired ___ Full Time ___ Part Time	Earliest Available Date:
(Caregivers) Position Applied For	Minimum Salary	Type of Employment Desired Per Deim Only	Earliest Available Date:

Are you willing to work rotating shifts, including nights and weekends? _____

EMPLOYMENT HISTORY

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position. Attach resume, if necessary.

From Mo./Yr.	To Mo./Yr.	Employer, Address and Telephone Number	Job Title/Description of Work Performed	Reason for Leaving

REFERENCES

Please provide the name and phone number for three individuals **with whom you have worked** or two supervisors/managers and one co-worker. Also provide the length of time that you worked with them.

Contact Name: _____ **Title:** _____

Company Name: _____

Phone #: _____ **How long have you work with them:** _____

Contact Name: _____ **Title:** _____

Company Name: _____

Phone #: _____ **How long have you work with them:** _____

Contact Name: _____ **Title:** _____

Company Name: _____

Phone #: _____ **How long have you work with them:** _____

Work Preferences/Availability

Name: _____

Home Phone: _____

Cell: _____

Email: _____

Days/hours

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Comments: _____
