



EMPLOYMENT APPLICATION

Eastern Community Development Corporation

15 Thames Street, Suite 100, Groton, CT 06340

860-739-7907 | Info@easterncommunity.com

APPLICANT INFORMATION

FIRST NAME	LAST NAME	PHONE	
ADDRESS			
CITY	STATE	ZIP	TODAY'S DATE:
EMAIL ADDRESS:		How did you learn about the position/agency - if referred tell us by who?	

DESIRED POSITION

Position Type (Check all that apply): ☐ Morning/afternoon ☐ Afternoon/evening ☐ Overnight	Hours/days you are <u>NOT</u> available to work if applicable:	
Employment Type: ☐ Full-time ☐ Part-time ☐ Fill-in/Per Diem	Town(s) you would like to work in/ closest to:	Date Available to Start:

ADDITIONAL APPLICANT INFORMATION

Are you authorized to work in the United States? Yes ☐ No ☐	Are you 21 years of age or older? Yes ☐ No ☐	Are you currently enrolled in higher education courses? Yes ☐ No ☐	Do you have a valid CT/RI Driver's License? Other State: _____ Yes ☐ No ☐
Would this be your primary or secondary job? Primary ☐ Secondary ☐	Have you ever worked in a caregiving role before? (not required) Yes ☐ No ☐	If yes, will returning to school impact your availability? Yes ☐ No ☐	Do you have a current Medication Administration Certification? Yes ☐ No ☐
Do you have a personal vehicle to transport yourself to & from work with? (Not including Uber or rides from someone else) Yes ☐ No ☐	New hire trainings are hosted from 10:00 am - 3:00 pm on Monday's & Tuesday's (2 days in length). Will you be able to attend with adequate notice? Yes ☐ No ☐	Have you ever been employed here before? Yes ☐ No ☐	Do you have any of the following certifications that are current (not expired) that you could provide copies of if hired? *check all that apply: ☐ PMT Training ☐ ADA Training ☐ Sexual Harassment Prevention ☐ CPR/First Aid Training
This position requires the ability to communicate effectively in English, both verbally and in writing, with the individuals served, families, coworkers, and supervisors. Do you meet this requirement?			Yes ☐ No ☐

PREVIOUS EMPLOYMENT

COMPANY NAME	START & END DATE	POSITION	CITY/STATE LOCATION	REASON FOR LEAVING

EDUCATION

HIGH SCHOOL/ EQUIVALENT SCHOOL NAME:	DIPLOMA OR EQUIVALENT RECEIVED? Yes ☐ No ☐	COLLEGE/UNIVERSITY NAME:	COLLEGE YEARS COMPLETED:
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I hereby confirm the veracity and completeness of my responses, acknowledging that providing incorrect information may result in the termination of employment. I consent to the contact of former employers/institutions listed.

DATE :

SIGNATURE :

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Criminal History & Background Search Consent Disclosure Form

Part 1 - Consent to Conduct Criminal History & Background Search as a condition of being considered for a Direct Support Staff, Teaching Support Specialist, or Residential/Program Manager position at ECDC:

- I hereby consent to and authorize the health facility/agency to conduct a criminal history and background search that includes a search of state and federal registries and databases, in addition to a search of state and federal criminal records. I understand that this consent extends to the release and sharing of such information with the Connecticut State Police, and Federal Bureau of Investigation. I hereby release ECDC from all liabilities, claims or lawsuits regarding the use of information obtained from any and all sources used.
- I hereby authorize the release of any relevant information to the health facility/agency to be used to conduct the criminal history and background search as required under Section 19a-491c of Connecticut's General Statutes (C.G.S.), Criminal History and Patient Abuse Background Search Program.
- I understand that the health facility/agency may terminate the criminal history and background search or decide not to hire or contract with me at any stage of the process.
- I agree to provide the information necessary to conduct the required criminal history and background search.
- I understand that ECDC may receive additional and ongoing criminal history information related to me after the criminal history record search.

Part 2 - Applicant Disclosure Statements:

1. Have you ever had an administrative finding of abuse, neglect or theft?
2. If yes, in what state and year was this finding issued?

Yes

☐

No

☐

3. Are you currently under investigation for abuse, neglect or theft?

Yes

☐

No

☐

Part 3 - Applicant information required to process a complete and accurate criminal history and background search. (C.G.S. Section 19a-491c):

Last Name	
First Name:	
Maiden or Other Name(s):	
Social Security Number:	
Street Address:	
City, State, Zip Code:	
Email Address:	

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Part 4 - Conditional Employment:

If the health facility/agency determines it necessary to employ or utilize my services conditionally pending the results of the state and federal criminal record search reveals a disqualifying conviction or if the social media search reveals a strong difference in core values or presents items that might negatively affect the ECDC company brand, the offer will be rescinded, and my services will be terminated.

List of Offenses Requiring Special Review Under The CT Department of Developmental Services:

Arson	Risk of injury to a minor	Conspiracy
Assault or related offenses	Burglary or related offenses	Drug offenses
Forgery	Cruelty	Domestic Violence
Kidnapping	Fraud	Harassment
Homicide	Sexual offense	Larceny or robbery
Manslaughter	Perjury	Weapons violation
Stalking	Threatening	Unlawful restraint

I certify that the above is true and correct and give my consent for the required checks to be completed. I affirm that I have not committed a disqualifying offense and acknowledge that a disqualifying offense reported in the background search, required by C.G.S. Section 19a-491c, shall constitute good cause for termination.

APPLICANT NAME (PRINTED):

DATE:

SIGNATURE:

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**THIS PAGE TO BE COMPLETED BY THE HIRING
MANAGER**

Name of Interviewer:



Position Location:



Circle One:

FILL PART FULL

Enter the Schedule Chosen

Total Hrs:	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Start							
End							