

APPLICATION FOR EMPLOYMENT

ACTION FOR BRIDGEPORT COMMUNITY DEVELOPMENT

1070 PARK AVENUE, BRIDGEPORT, CT 06604

203 366-8241

PLEASE PRINT

Position(s) Applied For: _____ Date of Application ____/____/____

Referral Source:

() Advertisement () Employee () Relative () Walk-in () Government Agency () Internet () Other

Name of Source(If Applicable) _____

Do you have any relatives who are employed by this Agency? () Yes () No

If yes, please specify name: _____ Department (if known) _____

Name: _____ Last First Middle

Address: _____ Street City State Zip Code

Telephone () _____ Email Address _____

If necessary, best time to call you at home is _____ () a.m. () p.m.

May we contact you at work? _____ () Yes () No

If yes, work number and best time to call.....() _____ () a.m. () p.m.

If you are under 18, can you furnish a work permit? _____ () Yes () No

Have you filed an application here before? _____ () Yes () No

If yes, give dates _____ From ____/____/____ To ____/____/____

Have you ever been employed here before? _____ () Yes () No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ () Yes () No (Proof of U.S. Citizenship or immigration status required)

Date available for work? _____ / _____ / _____

Type of employment desired () Full Time () Part Time () Temporary () Summer

AN EQUAL OPPORTUNITY EMPLOYER ~ THROUGH AFFIRMATIVE ACTION

EMPLOYMENT HISTORY

List your last employers, assignment or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

| | | | |
|--------------------------------|----|---|-------------|
| FROM | TO | EMPLOYER | TELEPHONE # |
| | | | () |
| STARTING JOB TITLE | | ADDRESS | |
| FINAL JOB TITLE | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE NATURE OF WORK PERFORMED/JOB RESPONSIBILITY | |
| MAY WE CONTACT FOR REFERENCE? | | | |
| () YES () NO () LATER | | | |

| | | | |
|--------------------|--------------------|-----|--------------|
| REASON FOR LEAVING | HOURLY RATE/SALARY | | |
| | START \$ | PER | FINAL \$ PER |

| | | | |
|--------------------------------|----|---|-------------|
| FROM | TO | EMPLOYER | TELEPHONE # |
| | | | () |
| STARTING JOB TITLE | | ADDRESS | |
| FINAL JOB TITLE | | | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE NATURE OF WORK PERFORMED/JOB RESPONSIBILITY | |
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|--------------------|--------------------|-----|--------------|
| REASON FOR LEAVING | HOURLY RATE/SALARY | | |
| | START \$ | PER | FINAL \$ PER |

| | | | |
|--------------------------------|----|---|-------------|
| FROM | TO | EMPLOYER | TELEPHONE # |
| | | | () |
| STARTING JOB TITLE | | ADDRESS | |
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| () YES () NO () LATER | | | |

| | | | |
|--------------------|--------------------|-----|--------------|
| REASON FOR LEAVING | HOURLY RATE/SALARY | | |
| | START \$ | PER | FINAL \$ PER |

COMMENTS: _____

EDUCATIONAL BACKGROUND

| NAME AND ADDRESS | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? | COURSE OF STUDY |
|------------------|---------------------------|-------------------|-----------------|
|------------------|---------------------------|-------------------|-----------------|

HIGH SCHOOL

COLLEGE

OTHER

SKILLS AND QUALIFICATIONS:

Summarize special skills, licenses and/or certificates, that may qualify you as being able to perform job-related functions in the position for which you are applying:

List professional, trade, business, or civic associations and any other offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization

Offices Held

REFERENCES

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who, are not related to you.

| NAME | ADDRESS | TELEPHONE | YEARS KNOWN |
|------|---------|-----------|-------------|
|------|---------|-----------|-------------|

APPLICANT'S CERTIFICATE AND RELEASE

I certify that all information provided by me in support of my application is true and correct to the best of my knowledge. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed.

I give Action for Bridgeport Community Development, Inc. (ABCD, INC.) the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability ABCD, INC., and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records. I agree to hold any or all of them blameless and free from any liability for releasing information that is within their knowledge or records. I also authorize Action for Bridgeport Community Development, Inc. (ABCD, INC.) to release to any other firm or person with whom I may seek employment, or any federal agency, or other government agency, any and all information concerning my employment or application.

ABCD, INC. is an Equal Opportunity Employer. All applicants will receive consideration based on their qualifications without regard to race, color, religion, sex, sexual orientation, national origin, age, disabling condition, veteran status, or any other protected status. ABCD, INC. does not discriminate in employment, and no questions on this application will be for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that any applicant for employment who is selected as a candidate for employment will be conditionally offered a position contingent upon α MEDICAL EXAMINATION AND DRUG SCREENING, performed at a designated qualified medical facility at ABCD's expense, confirming that the applicant is able to perform essential job functions, with or without reasonable accommodations, does not pose a direct threat to health or safety, and is not a substance abuser. I further understand that I will be required to identify crime convictions and to submit to State and National criminal history checks including fingerprinting. (Please note: information pertaining to arrests will only be reviewed if it led to a conviction. A conviction record will not necessarily be a bar to employment, but factors such as recency and rehabilitation will be considered.) Also, if I am selected to work in the Early Learning Division, I will be required to sign a release to screen the records of the Department of Child and Families abuse registry.

I understand this application will be active a period of **60 days**; after that time, if I wish to be considered for an open position, I must submit a new application.

I understand that just as I am free to resign at anytime, ABCD, INC., reserves the right to terminate my employment at anytime, with or without prior notice. I understand that no representative of ABCD, INC. has authority to make any assurances to the contrary.

Signature of Applicant

Date

Signature of Witness

Date

To be completed by applicant. – Not for interviewing purposes – To be filed separately from application. This information is used to satisfy Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by other Federal or State laws or regulations.

SPECIAL NOTE TO VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Companies receiving contracts or other forms of funding from the Federal Government subject to the Vietnam Era Veterans' Readjustment Act of 1974, as amended by the Veterans Employment Opportunities Act of 1998 and the Rehabilitation Act of 1973 are required to take Affirmative Action to employ and advance in employment qualified special disabled veterans, Vietnam Era veterans, other protected veterans, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will in no way adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Special Disabled Veteran Vietnam Era Veteran Disabled Veteran Other Protected Veteran
 Recently Separated Veteran Armed Forces Service Medal Veteran Individual with a Disability

FOR HUMAN RESOURCES DEPARTMENT – AFFIRMATIVE ACTION OFFICER USE ONLY

Position applied for: _____ Available Not Available

Hired: Yes No Date of Hire: _____ Position hired for: _____

Wages: _____ Hourly/Biweekly. EEO Classification: _____

- | | | |
|--|---|-----------------------------------|
| 1. Executive/Senior Level Officials and Managers | 2. First/Mid-Level Officials & Managers | |
| 3. Professionals | 4. Technicians | 5. Administrative Support Workers |
| 6. Craft Workers | 7. Service Workers | 8. Unknown |

Completed by: _____ Date: ____/____/____

Position: _____