

AVON HEALTH CENTER

652 West Avon Road

Avon, CT 06001

APPLICATION FOR EMPLOYMENT*

***PLEASE WRITE &/OR PRINT CLEARLY ON ALL SECTIONS.**

Date: _____

Referred By: _____

It is the policy of this facility to fully comply with all Federal and State laws governing fraud and abuse in health care programs and to expect all employees, contractors and consultants to conduct themselves in an ethical and responsible manner.

Federal and State laws prohibit discrimination in employment. Applicants are considered for employment without regard to race, color, religion, age, sex, marital status, national origin, ancestry, physical or mental disability, sexual orientation, veteran's status, genetic predisposition or any other legally protected class.

Name _____

Address _____

Telephone #: Home _____

Cell _____

EMAIL* _____

Position applied for: 1. _____ 2. _____

Regular [] Temporary [] Per Diem [] Full-time [] Part-time []

Date you would be available _____ Salary desired _____

Other fields of occupation in which you might be interested: _____

Have you ever worked for this facility or West Hartford Health & Rehab Center previously? Yes [] No []

If yes, indicate where and when: _____

Have you ever applied here before? Yes [] No []

If yes, indicate for what position and when: _____

Are you employed at present? Yes [] No []

If employed at present, may we inquire of your present employer? Yes [] No []

If hired, will you be able to prove your ability to legally work in the United States? Yes [] No []

If hired, will you be able to perform all the essential functions of the job with or without reasonable accommodation? Yes [] No []

If applying for a position that requires a professional license or registration to perform the job,

Please complete the following:

Type _____ State _____ License # _____ Exp. Date _____

Do you have any other licenses pertaining to this position? Yes [] No []

If yes, please indicate _____

Has your license or registration ever been suspended? Yes [] No []

If yes, provide date and reason _____

Pathway: F Drive, Reception, HR, HR Employment Forms& FMLA, AHC Application for Employment

Rev. 7/2014

EDUCATION

Last Grammar or High School _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] If no, do you have a GED? _____

College _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] Type of Degree _____

Business, Technical,
Vocational School _____ Address _____
Dates attended _____ Did you graduate? Yes [] No [] Diploma or certificate _____

Do you have plans for future schooling? _____

EMPLOYMENT HISTORY

Begin with your most recent employer. Include all periods of military service. If you have no prior employment record, please list school and personal references in this section.

Name of Company _____ Address _____
Telephone Number _____ Immediate Supervisor's Name _____
Your Title _____ Dates of Employment _____ Salary _____ / Hr.
Reason for Leaving _____

Name of Company _____ Address _____
Telephone Number _____ Immediate Supervisor's Name _____
Your Title _____ Dates of Employment _____ Salary _____ / Hr.
Reason for Leaving _____

Name of Company _____ Address _____
Telephone Number _____ Immediate Supervisor's Name _____
Your Title _____ Dates of Employment _____ Salary _____ / Hr.
Reason for Leaving _____

Name of Company _____ Address _____
Telephone Number _____ Immediate Supervisor's Name _____
Your Title _____ Dates of Employment _____ Salary _____ / Hr.
Reason for Leaving _____

APPLICANT'S STATEMENT

- ❖ **I UNDERSTAND THAT ANY EMPLOYMENT OFFER WILL BE CONTINGENT UPON THE FACILITY'S RECEIPT OF SATISFACTORY REFERENCES, A SATISFACTORY PHYSICAL EXAMINATION, A CRIMINAL BACKGROUND CHECK AND TO MY SUBMITTING DOCUMENTARY PROOF OF MY IDENTITY AND ABILITY TO LEGALLY WORK IN THE UNITED STATES.**
- ❖ **I UNDERSTAND THAT IF EMPLOYED, I WILL BE AN "EMPLOYEE-AT-WILL", WHICH MEANS THAT BOTH THE COMPANY AND I CAN TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON CONSISTENT WITH APPLICABLE STATE AND FEDERAL LAW.**
- ❖ **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT.**
- ❖ **I UNDERSTAND THAT THE COMPANY MAY THOROUGHLY INVESTIGATE MY WORK AND PERSONAL HISTORY AND VERIFY ALL DATA GIVEN ON THIS APPLICATION, ON RELATED PAPERS, AND IN INTERVIEWS. I AUTHORIZE ALL INDIVIDUALS, SCHOOLS, AND EMPLOYERS NAMED THEREIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASES ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY ARISING OUT OF THE RELEASE OF THIS INFORMATION.**
- ❖ **I CERTIFY THAT I AM UNDER NO CONTRACTUAL OBLIGATIONS THAT WOULD PRECLUDE ME FROM WORKING FOR THE FACILITY.**
- ❖ **I FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OR MATERIAL OMISSIONS MAY RESULT IN REFUSAL OF EMPLOYMENT, OR, IF HIRED, MAY RESULT IN TERMINATION OF EMPLOYMENT.**

Applicant's Signature

Applicant's Name (**Printed**)

Date

AVON HEALTH CENTER

652 West Avon Road Avon, CT 06001

Phone: (860) 673-2521 Fax: (860) 675-1587

Reference Request

(Applicant Please Fill out Top Portion Only)

Reference Name and Title _____

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: () _____ Fax: () _____

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with him or her.

Applicant's Name (Printed)

Applicant's Signature

Date

The above named person has made application to: **AVON HEALTH CENTER** and is being considered for the position of _____. Please complete the applicable section below, and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

.....

EMPLOYMENT REFERENCE

Dates Employed _____ Position: _____

Quality of Work: _____ Dependability: _____

Absenteeism: _____ Interpersonal Skills: _____

Would you rehire? Yes [] No [] Additional Comments: _____

Signature and Title: _____ Date: _____

CHARACTER REFERENCE

How long have you known applicant? _____ Character: _____

Dependability: _____ Ability to get along with others: _____

Additional Comments: _____

Signature _____ Date: _____

It is the policy of this facility to fully comply with all federal and state laws governing fraud and abuse in health care programs and to expect all employees, contractors, and consultants to conduct themselves in an ethical and responsible manner.

Reference Request

(Applicant Please Fill out Top Portion Only)

Reference Name and Title _____

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: () _____ Fax: () _____

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with him or her.

Applicant's Name (Printed)

Applicant's Signature

Date

The above named person has made application to: **AVON HEALTH CENTER** and is being considered for the position of _____. Please complete the applicable section below, and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

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Dates Employed _____ Position: _____

Quality of Work: _____ Dependability: _____

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Would you rehire? Yes [] No [] Additional Comments: _____

Signature and Title: _____ Date: _____

CHARACTER REFERENCE

How long have you known applicant? _____ Character: _____

Dependability: _____ Ability to get along with others: _____

Additional Comments: _____

Signature _____ Date: _____

It is the policy of this facility to fully comply with all federal and state laws governing fraud and abuse in health care programs and to expect all employees, contractors, and consultants to conduct themselves in an ethical and responsible manner.

CRIMINAL BACKGROUND HISTORY

A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. **Please note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-760, or 54-142a; criminal records subject to erasure pursuant to these statutes or records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and that any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Avon Health Center, shall not deny employment, discharge or discriminate against an individual solely on the basis that he/she had a prior arrest, criminal charge or conviction, the records of which have been erased pursuant to the above named statutes.

- ❖ Have you ever been convicted of a felony and/or drug related crime? Yes [] No []
- ❖ Have you ever been convicted of neglect or mistreatment of any individual? Yes [] No []
- ❖ Have you ever been convicted of assault on a victim age 60 or older? Yes [] No []
- ❖ Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or a foreign jurisdiction?
Yes [] No []

If you answered yes to any of the above questions, please provide a full explanation below.

Applicant's Signature

Applicant's Name (**Printed**)

Date

STOP

THE FOLLOWING PAGES TO BE
COMPLETED AFTER INTERVIEW IF
JOB OFFERED

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, *Avon Health Center*, may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize ChoicePoint, on behalf of, *Avon Health Center*, to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Signature

Applicant/Employee Name (**Printed**)

Date

ADP Fax Order Form

Personal & Confidential

Avon Health Center

652 West Avon Road
Avon, CT 06001
860-673-2521

To: ADP Order Entry Department		ADP Fax: 1-800-237-4011
From: KAREN BANDZAK		Phone: 860-673-2521
Date:	Page 1 of:	ADP Cust #

Applicant Information

Applicants Name:	SS#: - -
Date of Birth:	Phone: () - -
Driver License Number:	

Current Address

	City:	State:	Zip:
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Previous Addresses (most recent first)

	City:	State:	Zip:
	City:	State:	Zip:

ADP, please order the following package on the above applicant:

Frontline Screening PKG

- First Check
- Instant County Locator Address History
- CrimLink
- Up to 2 Criminal Histories, 7-year County Felony and Misdemeanor.

Management Screening Pkg

- First Check
- Instant County Locator Address History
- CrimLink
- Up to 2 Criminal Histories, 7-year County Felony and Misdemeanor.
- 1 Employment Verifications (last employer) **IF BOX IS CHECKED, DO NOT CALL APPLICANTS CURRENT EMPLOYER**
- 1 Education Verification (latest degree attained)

ADDITIONAL PRODUCTS

Credit Report

Driving Record (Current State of Residence)

Credential Verification

REPORT DELIVERY: ATTN: KAREN BANDZAK (860) 673-5488

Avon Health Center

652 West Avon Road
Avon, CT 06001
860-673-2521

Enter Personal Information here

Applicants Name:	SS#: - -
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Previous Employer – Most Recent or Current Employer

CHECK BOX IF YOU DO NOT WANT US TO CALL CURRENT EMPLOYER

Company Name:	Dates of Employment:		
Company Phone Number: () -			
Company Address:	City:	State:	Zip:
Position:	Salary:		
Supervisor	Reason For Leaving:		

Previous Employer

Company Name:	Dates of Employment:		
Company Phone Number: () -			
Company Address:	City:	State:	Zip:
Position:	Salary:		
Supervisor:	Reason For Leaving:		

Professional License

Certifying Agency:	Year of Certification:		
Phone Number: () -			
Address:	City:	State:	Zip:
Type of License/Certification:			

Highest Degree Earned

Institution:	Dates Attended:		
Major:			
Degree:	Year Degree Earned:		
City:	State:		

**Disclosure to Employment Applicant
Regarding Procurement of a Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report or investigative consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Signature: _____

GIVE COPY WITH SUMMARY OF RIGHTS TO APPLICANT. RETAIN A COPY FOR YOUR FILES.

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- THIS PAGE CONTAINS SENSITIVE INFORMATION! KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black Hispanic White
 Other

Driver's License Number State Issuing License

Name as it appears on license

Signature Today's Date

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051