



EMPLOYMENT APPLICATION



DACS Foundation Inc.
330 Robert St., Suite 400 E
East Hartford, CT 06108
(860) 778-0076
www.dacsfoundation.org

DACS Foundation Inc. provides equal employment opportunities to all qualified candidates of employment. Applications requiring reasonable accommodation(s) to the application, interview process and or employment should notify an authorized officer of DACS Foundation Inc.

Demographics

Position(s) Applied For:

Date of Application:

Name (Last, First, MI):

Gender:

Date of Birth:

Telephone Number:

Social Security Number:

Driver's License Number & State:

Address:

City, State & Zip Code:

Emergency Contact Information

Name and Relation:

Contact Info:

When is the best time to call you?

May we contact you at work: YES NO

Work Number:

Are you eligible for employment in this country? YES NO

If you are under 18, do you have a work permit? YES NO

If NO, please explain:

Have you previously been employed by DACS Foundation Inc or Dawson Adult Care Services? YES NO

Have you previously applied to DACS Foundation Inc or Dawson Adult Care Services? YES NO

Have you ever been convicted of a crime in the last seven (7) years? YES NO

If YES, please explain:

Have you ever been bonded? YES NO

If YES, please explain:

Date Available to begin work:

Type of Employment Desired: FULL TIME PART TIME TEMPORARY SEASONAL

Will you relocate if the job requires it? YES NO

Are you willing to commit to a “live-in” job? YES NO

Will you travel if the job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

If NO, please explain constraints:

Will you work overtime if it is requested or required? YES NO

If NO, please explain why not?

Employment History

Please provide information for our past and current employers, assignments or volunteer activities. Begin with the most recent. Please explain any gaps in employment in the comments section below.

Employer:

Address:

Position Held:

Dates of Employment:

Name/Title of Supervisor:

Contact Number:

May we contact for reference? YES NO

Hourly Rate or Salary:

Summary of Work Performed and Job Responsibilities:

Reason for Leaving:

Employer:

Address:

Position Held:

Dates of Employment:

Name/Title of Supervisor:

Contact Number:

May we contact for reference? YES NO

Hourly Rate or Salary:

Summary of Work Performed and Job Responsibilities:

Reason for Leaving:

Employer:

Address:

Position Held:

Dates of Employment:

Name/Title of Supervisor:

Contact Number:

May we contact for reference? YES NO

Hourly Rate or Salary:

Summary of Work Performed and Job Responsibilities:

Reason for Leaving:

Skills, Qualifications and Certifications:

Please summarize any special training, skills, licensed and or certificates that may qualify you as being able to perform the job-related functions in the position for which you are applying.

Comments:

Educational Background

Please list any/all education you have obtained beginning with the most recent or highest level obtained.

School: _____ **Address:** _____

Number of Years Completed: _____ **Degree Obtained:** _____

Date of Completion: _____ **GPA:** _____ **Major:** _____

School: _____ **Address:** _____

Number of Years Completed: _____ **Degree Obtained:** _____

Date of Completion: _____ **GPA:** _____ **Major:** _____

School: _____ **Address:** _____

Number of Years Completed: _____ **Degree Obtained:** _____

Date of Completion: _____ **GPA:** _____ **Major:** _____

References

Please list the names and contact information of at least two (2) professional references who are not related to you.

Name: _____ Telephone Number: _____

Professional Relation: _____ Number of Years Known: _____

Name: _____ Telephone Number: _____

Professional Relation: _____ Number of Years Known: _____

Name: _____ Telephone Number: _____

Professional Relation: _____ Number of Years Known: _____

Additional Information

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I understand that if I am employed by DACS Foundation Inc., any misrepresentation or material omission made by me on this application will be the cause of the cancellation of this application and or immediate discharge from employment, at the time of discovery.

I give DACS Foundation Inc. the right to contact and obtain information from all references, employers and educational institutions to verify the accuracy of the information collected in this application. I hereby release from liability DACS Foundation Inc. and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

DACS Foundation Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by local, state or federal law. Admittance of conviction will not necessarily be bar to employment at DACS Foundation Inc., as each case is considered in relation to the desired position of employment.

This application will remain current for 60 days. After 60 days, if I have not heard from DACS Foundation Inc. and still wish to be considered for employment, it will be required of me to submit a new application.

If I am hired by the DACS Foundation Inc., I understand that I am free to resign at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute as an agreement or contract for employment for any specified period or definite duration. I understand that no representative of DACS Foundation Inc., other than the authorized officer, has the authority to grant any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand that it is the policy of DACS Foundation Inc. not to refuse to hire a qualified individual with a disability because of that individual's need for reasonable accommodation as required by the ADA.

I understand that if I am hired by the DACS Foundation Inc., I will be required to provide proof of identity and legal work authorization. I will be required to complete pre-employment drug screening and be subjected to random drug screenings.

Be it known that any falsification of information regarding past convictions will disqualify the applicant from employment.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to dismissal, disqualification or other action pursuant to the employment agency policy and procedure, and subject to criminal penalties as prescribed by law.

I have read and fully understand the foregoing and seek employment under the aforementioned conditions.

Applicant Signature:

Date: