INDEPENDENT LIVING SOLUTIONS

345 Meriden Road
Waterbury, CT 06705
Phone: (203)-757-5890 Fax: (203) 591-8409

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Initial
Street Address		Social Security Number
City State Zip		Telephone Number(s) Home ( ) Cell ( )
Email Address		Availability for Work Full Time____Part-Time _____ Per Diem ____
Drivers License Number State		Do you have reliable Transportation? Yes No
Have you used other names and/or maiden name in previous jobs? (Please specify)		
Can work shifts indicated. Please indicate preference: 1st_____ 2nd_____ 3rd_____ Any_____ Nights_____Weekends _____		

Have you ever filed an application with ILS before? Yes_____No_____	If Yes give date _____
Indicate in the box below your preferred work locations. (circle all that apply) New Haven Area Waterbury Area Torrington Area Hartford Area Danbury Area	Other: (please specify)
May we contact your present employer? Yes_____ No _____	

INDEPENDENT LIVING SOLUTIONS

345 Meriden Road
Waterbury, CT 06705
Phone: (203)-757-5890 Fax: (203) 591-8409

Work Experience

Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month_____Year _____	To Month_____Year _____	Salary or Hourly Wage $_____per _____
Duties (must be listed)			
Reason for Leaving:			

Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month_____Year _____	To Month_____Year _____	Salary or Hourly Wage $_____per _____
Duties (must be listed)			
Reason for Leaving:			

Job Title		Employers Name: Address: Phone #	
Immediate Supervisor	Employed From Month_____Year _____	To Month_____Year _____	Salary or Hourly Wage $_____per _____
Duties (must be listed)			
Reason for Leaving:			

Education

School Name	Location	Dates Attended	Major Course of Study	Did you Graduate?	Type of Degree Received
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	
		From _____ To _____		Yes / No	

OTHER LICENSES/ CERTIFICATES:	Date issued:	Expiration:

Do you speak, read or write a language other than English? Yes No ___	If yes specify language:

INDEPENDENT LIVING SOLUTIONS

345 Meriden Road
Waterbury, CT 06705
Phone: (203)-757-5890 Fax: (203) 591-8409

Personal References			
Name	Relationship	Address	Phone
Professional References			

CERTIFICATION

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 misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information or conviction records are subject to verification as a condition of employment. I also understand that acceptance may be subject to my passing a physical evaluation.

VOLUNTARY SURVEY

How did you learn about ILS?
Advertisement____Connecticut Job Service____Community Agency ____
ILS Employee (name)_____Walk-in____CTHealthjobs.org____Other (specify) _____

In order to meet state and federal requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

Sex: Male _ Female ___
_____

Race / Ethnic Data
White____Hispanic____American Indian/Alaskan Native____Black____Asian/Pacific Islander____Other ____

Exhibit B

Independent Living Solutions

Disclosure and Authorization for the Release of Information

Independent Living Solutions (hereinafter, "THE EMPLOYER") will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check.The agency will provide a written report of its findings to THE EMPLOYER. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, and Research Services, LLC, a CRA.

Irequest, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment. According to the Fair Credit Reporting Act, I will be notified by THE EMPLOYER if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, Iwill be given a full and accurate disclosure as to the nature and substance of all information provided to THE EMPLOYER. Ifurther understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon;CT., 06001 . California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

(If "YES", in what State? Year_____)Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b- I46, 54-760 or 54-I 42a, the criminal records subject to erasure pursuant to section 46b- 146, 54-760 or 54-142a are 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 nolled, a criminal charge for which the person bas been found not guilty or a conviction for which the person received an absolute pardon ny person whose criminal records have

been erased pursuant to section 46b-146, 54-760 or 54-142a shall be deemed to have never I:) arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

********PLEASE FILL OUT THIS FORM COMPLETELY

****

Print Name :_____

List ALL other first & last names ever used:_____

(PRJNT NAME) (YEAR LAST USED) (PRJNT NAME) (YEAR LAST USED)

Soc. Sec. #_____Date of Birth_____ _____

Driver's License #:_____ _____State Issued:_____Expires _____

CURRENT Street Address:_____

City_____ _____State_____Zip_____How long at address?_____

PREVIOUS Address:

City_____State_____Zip_____How long at address?_____

School/College Attended Statt• Last Year Attended _____

Did you Graduate? If you graduated, indicate _...: C ificate __ GED _Diploma ____

Registered and/or Graduated under what name?_____

Applicant 's Signature:_____

_____Date:_____