



**Part III Employment History**

List your current or most recent employer first.

Employer	Type of Business	Work Performed
Address	Phone Number (       )	
Your Job Title	Salary or Hourly Rate	
Supervisor's Name	Supervisor's Title	
Employment Dates: From    ___  ___  Yr    To    ___  ___  Mo    ___  ___  Yr Mo        Yr            Mo        Yr	Total Time Employed: ___  Years    ___  Months	Reason for Leaving

Employer	Type of Business	Work Performed
Address	Phone Number (       )	
Your Job Title	Salary or Hourly Rate	
Supervisor's Name	Supervisor's Title	
Employment Dates: From    ___  ___  Yr    To    ___  ___  Mo    ___  ___  Yr Mo        Yr            Mo        Yr	Total Time Employed: ___  Years    ___  Months	Reason for Leaving

Employer	Type of Business	Work Performed
Address	Phone Number (       )	
Your Job Title	Salary or Hourly Rate	
Supervisor's Name	Supervisor's Title	
Employment Dates: From    ___  ___  Yr    To    ___  ___  Mo    ___  ___  Yr Mo        Yr            Mo        Yr	Total Time Employed: ___  Years    ___  Months	Reason for Leaving

**Part IV Clinical or Professional Licenses / Registrations / Certifications**

**Please complete this section if you have a clinical or other professional license.**

Type of License \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of License \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

- 1. Has any professional license or certification of yours in any jurisdiction ever been limited, suspended, or revoked?  yes  no
- 2. Has your clinical privilege or employment at any health care organization ever been suspended, diminished, revoked, or not renewed?  yes  no
- 3. Have you even been denied membership or renewal thereof, or have been subject to disciplinary action in any professional organization?  yes  no
- 4. Has any claim/objection of professional misconduct, negligence, unethical behavior, sexual misconduct, or any other claims bearing upon your professional reputation been filed against you by an employer, client, professional organization or regulatory body?  yes  no
- 5. Has any insurance carrier canceled or refused to renew your professional liability insurance?  yes  no

**If you answered yes to any of the above questions, you must provide full details on a separate sheet of paper and attach it to this application.**

**Part V Other Background Information**

- 1. Have you ever been convicted of or pleaded no contest to a felony or a misdemeanor?  yes  no

For purposes of this question, "conviction" means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of where an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been **erased under law**. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of a youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath. A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account. Should you have any questions about answering questions on this application, or your rights concerning erased records, please contact the Vice President of Human Resources.

- 2. Has a state protective agency ever found that you abused or neglected someone under a protected class (child, elder, or a disabled person)?  yes  no
- 3. Do you currently have any pending criminal charges?  yes  no
- 4. Are you currently:
  - a. On parole  yes  no
  - b. On probation  yes  no
  - c. Under the custody of the Judicial Branch, Department of Correction or the Board of Parole  yes  no

**If you answered yes to any question, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part VI Employment References and Skills**

1. Have you used any other names in a previous job?  yes  no If yes, what other names have you used? \_\_\_\_\_

2. List any special skills you have for this position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there any other experiences or qualifications that you feel you can bring to this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide 3 Supervisor references. Co-worker references are not accepted.**

<b>Company</b>	<b>Supervisor's Name</b>	<b>Supervisor's Title</b>	<b>Phone Number</b>	<b>Years Known</b>
			( )	
			( )	
			( )	

4. Have you been discharged from any of your last 3 jobs?  yes  no If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE** Criminal background checks are conducted for all potential hires, the results of which will not necessarily bar you from employment. Each instance and explanation will be considered in relation to the position for which you are applying. Similarly, a motor vehicle operation background check and a DCF Protective Services check may be required for the position for which you are applying. The results of a motor vehicle operation background check and a DCF Protective Services check will not necessarily bar you from employment. Each instance and explanation will be considered in relation to the position for which you are applying. Worker's compensation information will only be requested in compliance with the Americans with Disabilities Act.

**PLEASE READ CAREFULLY**

I hereby certify that the answers given and statements made on this application are true and correct. I hereby authorize all my previous employers, schools, references, any law enforcement agency, state agency, institution, information service bureau, or insurance company to furnish any information concerning my educational or employment history, driving history, worker's compensation claims, character, and work habits. I hereby release all such persons and institutions from liability or damages incurred as a result of inquiry and furnishing this information. I realize that misrepresentation of facts called for in this application will be cause for rejection of my application or dismissal after employment.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

