



# WEST HAVEN COMMUNITY HOUSE EMPLOYMENT APPLICATION

The West Haven Community House Association, Inc. (WHCH) is an equal opportunity employer. All applicants will be considered for employment without attention to age, race, religion, color, national origin, political affiliation, parental status, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, gender identity or any other non-merit factors.

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of an Employment Application as directed by WHCH.

## SECTION 1: (MUST BE FILLED OUT COMPLETELY)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last MI

Address: \_\_\_\_\_  
o y # St Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date Available To Start: \_\_\_\_\_

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with WHCH. Employment is contingent upon the provision of proof of the right to accept employment in the United States
  - a. Are you legally authorized to work in the United States?  Yes  No
  - b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)?  Yes  No

### SOME POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE

2. Certain positions may require travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate a motor vehicle requiring a specialized license. For positions requiring operation of a motor vehicle, candidates must possess a driver license valid in CT at the time of appointment and continuously thereafter. If you are required to possess a driver license for the position you are applying for, please complete the following questions:
  - a. Do you currently have a valid driver license to operate a motor vehicle in Connecticut?  Yes  No
  - b. Have you had your current license for over 5 years?  Yes  No  
 License Class:  A  B  C  D  E Other (specify): \_\_\_\_\_
  - c. Licensing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - d. For Commercial Driver License (CDL) holders, please list any restrictions: \_\_\_\_\_
  - e. Do you have a valid CT Public Service License endorsement?  Yes  No If yes, please list any restrictions  
 \_\_\_\_\_

Please note that due to the populations we serve and the type of services we provide, we are allowed by law to perform a background check of your driver's licenses and complete a criminal background check

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## WEST HAVEN COMMUNITY HOUSE EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last MI

### CERTIFICATIONS AND TRAININGS

Indicate skills or experience you have:

**Med Certification:**      DDS      AMC (*Authorized Medication Certificate*)      Expiration Date: \_\_\_\_\_  
**PMT:**                      Yes                                      Expiration Date: \_\_\_\_\_  
**CPR:**                      Adult                      Infant/Child      Expiration Date: \_\_\_\_\_  
**First Aid:**                Adult                      Infant/Child      Expiration Date: \_\_\_\_\_

**Are you registered with the Office of Early Childhood?:**      Yes      No      **CT Head Teacher Certificate:**      Yes      No

### JOB INTERESTS AND EMPLOYMENT AVAILABILITY

3. Type of work or position desired:

4. Some positions require different work hours. Please indicate which hours you are available to work: No Preference

Full-time      \_\_\_ Yes      \_\_\_ No      Days/hours available to work:  
Part-time      \_\_\_ Yes      \_\_\_ No      Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Per diem      \_\_\_ Yes      \_\_\_ No      Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Summer Only      \_\_\_ Yes      \_\_\_ No      Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Sunday: \_\_\_\_\_

5. If offered a position with this agency, will you also intern, volunteer or maintain employment elsewhere?

\_\_\_ Yes      \_\_\_ No      If yes, please specify: \_\_\_\_\_

*Please note that if you intend on maintaining other employment while employed by WHCH, it is essential that you disclose this information at the time of interview.*

### SECTION 2: EDUCATION

School	Name/Location	Credits	Diploma or Degree	Courses of Study (Major/Minor)
High School/Equivalency				
Vocational or Technical Schools				
Colleges or Universities				
Other Training Military Schools				

*Please note that credentials will be verified*

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# WEST HAVEN COMMUNITY HOUSE EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_  
*First* *Last* *MI* Date: \_\_\_\_\_

## SECTION 2: EMPLOYMENT & EXPERIENCE

**Please list all periods of employment\*, beginning with the most recent, and include all prior work experiences.**

\*WHCH reserves the right to contact any or all of your employers to verify the information provided if an offer of hire is considered

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Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

If this is your current employer, may we contact them? Yes No Phone: \_\_\_\_\_

If no resume attached, please describe the duties you performed:

Reason(s) for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

May we contact them? \_\_\_ Yes \_\_\_ No Phone: \_\_\_\_\_

If no resume attached, please describe the duties you performed:

Reason(s) for Leaving:  
\_\_\_\_\_

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# WEST HAVEN COMMUNITY HOUSE EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First* *Last* *MI*

## SECTION 2: EMPLOYMENT & EXPERIENCE (CONTINUED)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

May we contact them?  Yes  No Phone: \_\_\_\_\_

If no resume attached: Describe the duties you performed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

## SECTION 3: PROFESSIONAL REFERENCES

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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# WEST HAVEN COMMUNITY HOUSE EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last MI*

## SECTION 4: RELATIVES OF WHCH EMPLOYEES & REFERRAL

Check here if you have no relative(s) employed by The West Haven Community House.

### 1. RELATIVES OF WHCH EMPLOYEES

If not checked above, please provide the names of any relative(s) employed by The West Haven Community House. Relative

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

*For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, cousins, nieces, nephews, or in-laws.*

### 2. REFERRAL

Check here if a current WHCH employee referred you to this position.

Name of employee: \_\_\_\_\_ Dept/Program (if known): \_\_\_\_\_

If not referred by an employee, how did you hear about The West Haven Community House and this position?

Online Job Posting (specify) \_\_\_\_\_ WHCH Website \_\_\_\_\_ Hiring Event \_\_\_\_\_ WHCH Facebook

Other: \_\_\_\_\_

**ANY ADDITIONAL REMARKS YOU WOULD LIKE TO SHARE IN THIS APPLICATION:** Additional Sheets Attached? \_\_\_\_\_

## SECTION 5: APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment.

I understand that I will be provided with The WHCH Background Screening Policy if an offer of hire is made and will be required to fill out an Employment Information Release Form and background check will be completed.

At that time, I hereby authorize any former or current employer, military records center, or school to provide the WHCH any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Click submit or print, sign and email to [hr@whcommunityhouse.org](mailto:hr@whcommunityhouse.org) or fax to (203) 937-9052