

# WEST HAVEN COMMUNITY HOUSE

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*

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# WEST HAVEN COMMUNITY HOUSE

Address: \_\_\_\_\_ | \_\_\_\_\_

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

## CERTIFICATIONS AND TRAININGS

Indicate skills or experience you have:

Med Certification:  DD  AMC (Authorized Medication Certificate) Expiration Date: \_\_\_\_\_  
S

PMT:  Yes  No Expiration Date: \_\_\_\_\_  
 Adult  Infant/Child

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				
*****				
College or University				3



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Other Training Military Schools				

*Please note that credentials will be verified*

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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: \_\_\_\_\_

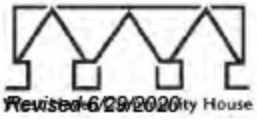
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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