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)

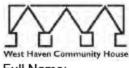
| Full Name: | | | Date: | |
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| | First | Last | MI | |
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WEST HAVEN COMMUNITY

| West Haven Community House Address: | | | | | |
|---|---|--|--|---|---|
| {ĈnśśĊ!ń Home Phone: | rnstt | !acou∎#ch Cell Phone | <i>A</i> I <i>ĊŦ</i> e: | St | Zip |
| E-Mail: | | | Date | Available To Start: | |
| with WHCH. Empl a. Are you l | t be eligible for employment i loyment is contingent upon th legally authorized to work in now, or in the future, requir | he provision of proof on the United States? | f the right to accep | ot employment in the | United States |
| SOME POSITIONS I | MAY REQUIRE TRAVEL A | AND/OR OPERATION | ON OF A MOTOR | R VEHICLE | |
| served by public tra specialized license valid in CT at the ti position you are ap a. Do you c b. Have you | ay require travel within a desinsportation; to routinely oper e. For positions requiring of me of appointment and controllying for, please complete tourrently have a valid driver a had your current license for Class: A B C | rate a motor vehicle; a operation of a motor vinuously thereafter. If the following question license to operate a for over 5 years? Ye | nd/or to routinely of vehicle, candidate you are required to s: motor vehicle in s No | perate a motor vehices must possess a do possess a driver lic | cle requiring a driver license ense for the Yes No |
| c. Licensing | g State: License Nun | nber: | | Expiration Date: _ | |
| | mercial Driver License (CD ave a valid CT Public Serv ns | | | | |
| | t due to the populations we perform a background che | | | | • |

check



WEST HAVEN COMMUNITY HOUSE

| Full Name: | Date: |
|--|--|
| First Last | MI |
| CERTIFICATIONS AND TRAININGS Indicate skills or experience you have: | |
| Med Certification: DD AMC (Authorized Medication Certificate) | Expiration Date: |
| PMT: Yes Expiration Date: CPR: Adult Infant/Child Expiration Date: Adult Infant/Child Expiration Date: | |
| Are you registered with the Office of Early Childhood?: Yes No Certif | CT Head Teacher Yes No |
| JOB INTERESTS AND EMPLOYMENT AVAILABILITY | |
| Type of work or position desired: Some positions require different work hours. Please indicate which hours. | s you are available to work: No Preference |
| Full-time Yes Days/hours available to work: | |
| Part-time Yes No Monday: | Thursday: |
| Per diem Yes No Tuesday: | Friday: |
| Summer Yes No Wednesday: | Saturday: Sunday: |
| If offered a position with this agency, will you also intern, volunteer or many Yes No If yes, please specify: | |
| Please note that if you intend on maintaining other employr it is essential that you disclose this information at | |

SECTION 2: EDUCATION

| School | Name/Location | Credi ts | Diploma or Degree | Courses of Study (Major/ Minor) |
|------------------------------------|---------------|-------------|----------------------|--|
| High School/ Equivalency | | | | |
| Vocational or Technical Schools | ********** | ****** | ***** | ***** |
| Callana an Hairranikian | | | | 3 |

| | WEST HAVEN COMMUNITY HOUSE | | | |
|------------------------------------|----------------------------|--|--|--|
| West Haven Community House | 110002 | | | |
| Other Training Military Schools | | | | |

Please note that credentials will be verified



WEST HAVEN COMMUNITY HOUSE

| VVV | Z |
|------------------------|-------|
| 7.00 | |
| West Haven Community H | louse |
| Name: | |

Reason(s) for Leaving:

WEST HAVEN COMMUNITY

| HOUSE | | Date: |
|-----------|----|-------|
| Last | MI | |

SECTION 2: EMPLOYMENT & EXPERIENCE

First

| *WHCH reserves the right to contact any or considered | all of your employers to verify the information provided if a | n offer of hire is |
|--|---|--------------------|
| ************ | *********** | |
| 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 con If no resume attached, please describe the operformed: | | |
| | | |
| Reason(s) for Leaving: | | |
| *********** | ************* | |
| Name of Employer: | | |
| Address: | Dates Employed: | to |
| Your Title: | | |
| Supervisor's Name: | Supervisor's Title: | |
| May we contact res No | Phone: | - |
| f no resume attached, please describe the o | h.f | |
| THE PARTIES ASSOCIATED AND ARCHING THE C | dulles vou denormed: | |



WEST HAVEN COMMUNITY HOUSE



WEST HAVEN COMMUNITY HOUSE

| SECTION 2: EMPLOYMENT | & EXPERIENCE (CONTINUED) | |
|---------------------------------------|--------------------------------------|----|
| lame of Employer: | | |
| Address: | Dates Employed: | to |
| our Title: | | |
| Supervisor's Name: | Supervisor's Title: | |
| May we contact them?YesNo | Phone: | |
| f no resume attached: Describe the du | uties you performed: | |
| | | |
| | | |
| | | |
| | REFERENCES | |
| ECTION 3: PROFESSIONAL | REFERENCES | |
| ECTION 3: PROFESSIONAL | REFERENCES Company: | |
| ECTION 3: PROFESSIONAL | REFERENCES Company: | |
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supervisors.

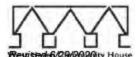
WEST HAVEN COMMUNITY HOUSE

| Full Name: | First | Last | | Date: |
|--|---|--|---|--------------------------|
| Chec 1. RELATI If not che House. R | N 4: RELATIVES OF WHO ck here if you have no relative(s) employees (VES OF WHCH EMPLOYEES) cked above, please provide the name relative Name: urposes of this application, a "relative" | CH EMPLOYEES & Coyed by The West Haven Coyed by The West Haven Coyes of any relative(s) employed | REFERRAL Community House. ed by The West Ha | aven Community |
| grandpare 2. REFERR Check Name of em | ents, spouse, siblings, children, aunts | referred you to this position. | nephews, or in-laws ept/Program (if kn | own): |
| | e Job Posting (<i>specify</i>) | WHCH Website | Hiring Event | WHCH Facebook |
| ANY ADD APPLICA | DITIONAL REMARKS YOU WO | OULD LIKE TO SHARI | E IN THIS Add | ditional Sheets Attached |
| SECTIO | N 5: APPLICANT AFFIRM | ATION & RELEAS | E AUTHORIZ | <u>ZATION</u> |
| knowledge. I | all statements made by me on this form, i I understand all statements made by me and that falsification or omission of inform t. | in connection with this applic | cation are subject to | investigation and |
| | d that I will be provided with The WHC fill out an Employment Information Relea | | | |
| | I hereby authorize any former or current necessary to reach an employment deci | | | |

Signature:

attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or

Date: _____



WEST HAVEN COMMUNITY HOUSE

Submit

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