

Employment Application Form

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) You are Applying For: Date of Application:			
Name:			
Last	First	Middle	
Address:			
Street	City	State	Zip
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:	Referral Sc	ource:	
If you are under 18 and it is required	d, can you furnish a work permit?		YesNo
If No, please explain			
Have you ever been employed here	before?		Yes No
If yes, give dates and position(s)			
Are you ledally eligible for employm	ent in this country?		Yes No
Date Available for Work: Type of Employment Desired:FTPT PD/On Call			all Temp/Seasonal
Desired Salary Range: \$			
Are you able to meet the attendance	e requirements of this position?		YesNo

Employment History

	Starting with your most recent employ	yer, assignments or volunteer	activities, provide the following infor	mation.	
From/To		Employer			
Address		City/State	Zip	Phone	
Starting/Final Job Title			Immediate Supervisor	May we contact for reference?	
Job Responsibilities			·	•	
Reason for Leaving					
From/To		Employer			
Address		City/State	Zip	Phone	
Starting/Final Job Title		L	Immediate Supervisor	May we contact for reference?	
Job Responsibilities					
Reason for Leaving					
Troubon for Eduring					
From/To		Employer			
		Linployer			
Address		City/State	Zip	Phone	
Starting/Final Job Title			Immediate Supervisor	May we contact for reference?	
Job Responsibilities					
Reason for Leaving					

CRIMINAL HISTORY CHECK

NOTE TO APPLICANT: Due to the nature of certain positions at this company, a criminal background check may be necessary as part of our application process. If you are advised that this is necessary concerning the position you are applying for, please provide the information requested below, otherwise, you may skip this section.

*PLEASE NOTE WHEN ANSWERING THE FOLLOWING QUESTIONS:

- (i) CT law prohibits employers from requiring disclosure of an arrest, criminal charge or conviction for which records have been erased.
- (ii) Any person whose criminal records were erased will be considered to have never been arrested or convicted for such matter(s), and may swear so under oath concerning such erased records. (iii)
 - The type of criminal records subject to erasure are those pertaining to:
 - a finding of delinguency or that a child was a member of a family with service needs; •
 - a sentence as a youthful offender; •
 - a criminal charge that was dismissed or nolled;
 - a criminal charge for which the person was found not guilty; and •
 - a conviction for which the person received an absolute pardon.

YES Have you ever been convicted* of a felony? NO

If you answered Yes above, please indicate below (or on a separate page, if necessary):

- (i) the date(s) of the conviction(s)
- (ii) describe the circumstances and nature of the offense, and
- (iii) describe what rehabilitation you have been through concerning such conviction(s)

I hereby give permission for the Company to conduct a criminal background check for any record of a felony conviction. A conviction record will not necessarily be a bar to employment, but factors such as recency, rehabilitation, and relatedness to fitness to perform the job in question will be considered. I agree to fully cooperate in any such background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any custodian of data will not release reference information or criminal history information directly to the Company, I agree to personally request such information to the extent permitted by law. I understand that any conviction record(s) discovered during such investigation will be kept confidential and will not be disclosed to anyone except those Company personnel representatives with a need to know based on management responsibilities or involvement with the hiring process.

Applicant's Name (PLEASE PRINT)

Date

Applicant's Signature (Do Not Print)

Educational Background

School & Location	Course of Study/Major	Years Completed	Degree/Diploma

References – Do Not Include Relatives

Name	Title	Relationship to Candidate	Phone	Years Known

Military Service

Branch of Service	Dates of Service	Type of Discharge
	Rank & Type of Service	
	Training/Experience Received	

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, specialized training etc.

Applicant's Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves that same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by state or federal law. This application is not an agreement or contract for employment. I understand that no supervisor or representative of the employer is authorized to make any assurances, implied, oral or written to the contrary and that all such statements are invalid unless written and signed by the employer's Board of Directors.

I also understand that if I am hired, I will be required to provide proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of my application or immediately discharge me from employment whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all the terms of the Applicant Statement. I also certify that all information that I have supplied is true and that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant	D	Date

Italian Center of Stamford 1620Newfield Avenue Stamford, CT. 06905