

# Community Health & Wellness Center of Greater Torrington



## Employment Application

How did you hear about this opening?			
<input type="checkbox"/> CHWC Website	<input type="checkbox"/> Job Site Which one _____	<input type="checkbox"/> Employee Referral Who _____	<input type="checkbox"/> Other _____
We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status. We are an Equal Opportunity Employer.			
<b>INSTRUCTIONS:</b> Complete the application in its entirety. Incomplete applications may not be processed. This application will be kept on file for one year per CHWC policy.			
APPLICATION INFORMATION			
<b>Position applying for:</b>		<b>Salary Desired:</b>	<b>Date Available:</b>
Last Name	First Name	M.I.	Date
Street Address			APT #
City		State	Zip
Phone #s (H) _____ (C) _____		E-mail _____	
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(all new hires will be <b>required</b> to provide proof of eligibility to work in the U.S.)</i>			
Please review the attached job description for the position you are applying for and then answer the following question:			
Are you able to perform the essential functions of this job with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate means of transportation to meet the attendance policy requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be able to travel if required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATIONAL BACKGROUND			
	Name / Address	Degree/ Certificate received	Year completed
High School			
College			
Post College			
Trade/Business			

**FORMER EMPLOYERS** *List below current and last three employers, starting with the most recent first. Please complete even if you attached, or already submitted, a resume.*

Company:	Position:
Dates: From ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: E-mail:
Reason for leaving:	Salary:
Liked about position:	Least liked about position:

Please describe your duties and responsibilities **May we contact this employer?**  Yes  No

Company:	Position:
Dates: From ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: E-mail:
Reason for leaving:	Salary:
Liked about position:	Least liked about position:

Please describe your duties and responsibilities **May we contact this employer?**  Yes  No

Company:	Position:
Dates: From ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: E-mail:
Reason for leaving:	Salary:
Liked about position:	Least liked about position:

Please describe your duties and responsibilities **May we contact this employer?**  Yes  No

Company:	Position:
Dates: From ___/___/___ to ___/___/___	Supervisor:
City: State:	Phone: E-mail:
Reason for leaving:	Salary:
Liked about position:	Least liked about position:

Please describe your duties and responsibilities **May we contact this employer?**  **Yes**  **No**

Have you ever been fired or asked to resign from a job?  Yes  No *If yes, please explain:*

Please explain any gaps in employment

Please list any skills, training or additional information that would benefit in the job for which you are applying

Licensure/Certification	Type of Licensure /Certification	Issued by (i.e. State or School)	Date Issued

Please indicate any foreign languages you can speak, read, and /or write; also include level of expertise.

Speak	
Read	
Write	

**References - List three (3) Professional References**

(1)Full Name	Relationship
Email Address	Phone Number
(2)Full Name	Relationship
Email Address	Phone Number
(3)Full Name	Relationship
Email Address	Phone Number

**APPLICANT'S STATEMENTS**

*Read the following statements carefully before signing this application. Only applications that are signed and dated are considered valid.*

- 1. The information I am presenting in this application is complete, true, and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.*
- 2. I authorize the use of any information in this application to verify my statements, and except as indicated above, I authorize past employers, references and other persons to answer all questions concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as the company may make regarding driving records, law enforcement records, and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.*
- 3. I understand and agree that my offer of employment is based on favorable results of the following: Criminal background check, drug testing, and pre-employment physical.*
- 4. If employed, I agree to conform to all the policies, procedures, and regulations set forth by CHWC. I understand that employment is "at will" and that any time my employment may be terminated by me or by CHWC, with or without notice, for any reason.*

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

*Community Health & Wellness does not tolerate unlawful discrimination or harassment based on age, race, ethnicity, national origin, marital status, gender, pregnancy, disability, religion, sexual orientation, Veteran status, or any other legally protected status. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state, or local law.*

Revised: 10/07/2016

