



Buckingham Community Services, Inc.

Good People
Work Here



Buckingham Community Services of CT, Inc.

Philosophy and Goals

Buckingham Community Services is committed to the following philosophy:

- ❖ *All persons receiving developmental services are entitled to the same opportunities, rights, privileges that all people enjoy.*

- ❖ *All persons receiving developmental services have the right to receive services in their own communities and to pursue individual lifestyles.*

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The goals of Buckingham Community Services are as follows:

- ❖ *Obtain Suitable Employment*

- ❖ *Increase Self-Sufficiency*

- ❖ *Promote Community Participation*

Buckingham Community Services of CT, Inc.

Application for Employment

Applicants are considered for employment without regard to race, color, creed, national origin, sex, age, marital status or the presence of any sensory, mental or physical disability unless such disability effectively prevents the performance of the essential duties and functions required of the position.

Notice: Drug Testing

It is the policy of B.C.S of CT, Inc to maintain a workplace that is free from the effects of both legal and illegal drug and /or alcohol abuse. The company may conduct drug testing of job applicants. Should this company consider you for employment, you may be contacted regarding the time and location of the employment drug test. Refusal to take the drug test or failing the drug test will disqualify you from further consideration for a position.

PLEASE PRINT CLEARLY

GENERAL INFORMATION

Date: ____/____/_____

Social Security # _____ - _____ - _____

First Name: _____ Middle Initial: _____ Last Name: _____

Telephone # (_____) _____ - _____ Secondary # (_____) _____ - _____

Present Address: _____

Town: _____ State: _____ Zip Code: _____

Position Desired: _____

If hired, can you provide the documents required to prove that you are legally able to work in the United States? Yes No (Attach I-9 Form)

Have you been known by any other name(s) that B.C.S of CT may require to verify your education and employment records as furnished in this application? Yes No

If yes, identify Name(s): _____

If under 18, please state your age: _____ Can you provide a work permit? Yes No

Are you currently employed? Yes No

If so may we contact your present employer? Yes No

Are any of your relative's current or former employees of this company? Yes No

On what date would you be available for work? _____ / _____ / _____

Are you on lay-off and subject to recall? Yes No

Are you available to work Full time Part Time Temporary

Have you ever been convicted of a crime or are there any felony charges pending against you?

Yes No

Have you ever been the subject / named perpetrator of a substantiated abuse or neglect investigation

Yes No

If yes, please state the date, place, and nature of conviction. This company subscribes to a criminal records check service. (A conviction does not constitute an automatic bar to employment)

Are you able to perform all of the essential functions and duties required of the position for which you are applying, with or without reasonable accommodations? _____ Yes _____ No

If no, how would you perform these functions, and with what accommodation(s)? _____

If you served in the U.S Armed Forces, please indicate:

Branch of Service: _____ Date Discharged: _____ / _____ / _____

Rank: _____ Describe your duties and any special trainings: _____

In case of an Emergency, we should notify:

Name _____ Address _____ Phone # _____

EMPLOYMENT HISTORY

Start with present employer and list all previous employment (Use separate sheet if necessary)

1. Employers Name _____ Address _____

Phone# (____) ____ - ____ Supervisors Name & Title _____

Position Held _____ Salary Starting \$ _____ Ending Salary \$ _____

Date Started ____ / ____ / ____ Date Ended ____ / ____ / ____

Reason For Leaving: _____ Resigned _____ Discharged _____ Laid off _____ Other

If you answered other, please explain _____

2. Employers Name _____ Address _____

Phone # (____) ____ - ____ Supervisors Name & title_____

Positions Held _____ Salary Starting \$ _____ Ending Salary \$ _____

Date Started ____ / ____ / ____ Date Ended ____ / ____ / ____

Reason For Leaving: _____ Resigned _____ Discharged _____ Laid off _____ Other

If you answered other, please explain _____

3. Employers Name _____ Address _____

Phone # (____) ____ - ____ Supervisors Name & title_____

Positions Held _____ Salary Starting \$ _____ Ending Salary \$ _____

Date Started ____ / ____ / ____ Date Ended ____ / ____ / ____

Reason For Leaving: _____ Resigned _____ Discharged _____ Laid off _____ Other

If you answered other, please explain _____

May we contact the employers listed above? _____ Yes _____ No

List all unexpired personal & commercial motor vehicle operator's licenses or permits:			
License Number	State	Date Expires	Type: Personal, Comm., Etc.

(Continue on separate sheet if necessary)

Have you ever had either your personal or commercial motor vehicle operator's license, permit or privilege denied, revoked or suspended? _____ Yes _____ No (If yes, please complete section below)							
Denied	Revoked	Suspended	Type of License	Date	State	For How Long?	Reason

Have you been convicted for any violation of motor vehicle laws or ordinances (other than parking) in the past four (4) years from the date of this application? _____ Yes _____ No (If yes, please complete section)				
Date	Nature of Violation	State	Penalty	Points

Have you ever had any motor vehicle accidents? _____ Yes _____ No						
List below all accidents you have had while operating any type of motor vehicle during the past five (5) years.						
Date	Nature of Accident	No. of Deaths	No. of Injuries	Type of Vehicle	On Road	Off Road

REFERENCES

Give the names of three people not related to you, whom you have known at least one year.

Name	Address & Phone Number	Employer & Title	Years Acquainted

Authorization and Understanding

Please be sure to sign this application and read the following statements carefully.

I represent and warrant that the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that B.C.S of CT, Inc may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person or organization listed in this application for employment that may have information concerning me, unless otherwise noted.

Since this information is finished per my request and thus for my benefit, I do hereby release B.C.S of CT, Inc. from any and all liability for damages of any nature incurred by releasing such information. I acknowledge that any false statement or omission of fact made in answering the above questions may result in the rejection of my application or can result in immediate discharge, if I am hired.

In consideration of my employment, I agree to abide by all policies, standards, rules and regulations of B.C.S of CT, Inc. and the direction of its Supervisors. I understand and acknowledge that, if employed, unless my employment becomes subject to collective bargaining agreement, my employment and compensation will be at the will of B.C.S of CT, Inc. and can be terminated with or without cause, at any time at the option of either, B.C.S of CT, Inc. or myself. I further understand and agree that no manager, representative, agent or employee of B.C.S. of CT, Inc. other than the Executive Director, has now or has had in the past any authority to enter into any agreement for employment for any specific period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Executive Director of B.C.S of CT, Inc. in order to be effective.

I further understand that my employment is conditional until such time as the results of any employment drug testing, if any is required, are known. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases) at the employer's discretion and expense.

Applicant's signature: _____ Date: ____ / ____ / ____

Buckingham Community Services of Connecticut, Inc. shall promote and afford equal treatment and services to all employees and assure that all applicants are given an equal employment opportunity without regard to race, religion,

creed, color, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability unless such disability effectively prevents the performance of the essential functions and duties required by the position. B.C.S of CT, Inc. shall operate within the principles of Equal Employment Opportunity and Affirmative Action guidelines set forth in Federal, State and local laws and regulations. All activities relating to employment including recruitment, testing, selection, promotion, training, and termination shall be conducted in a nondiscriminatory manner. Buckingham Community Services of CT, Inc. will cooperate fully with all organizations and Commissions that are established and organized to promote fair practices NS Equal Employment Opportunity.