

Date: ____/____/____

EMPLOYMENT APPLICATION

Network, Inc. does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, marital status, sexual orientation, gender identity or expression, ancestry, disability with or without reasonable accommodation, status as a disabled veteran or Vietnam Era veteran or on the basis of age. You will be required to produce documentation/identification that will determine your legal right to be employed in the United States.

PERSONAL INFORMATION

Social Security #: ____/____/____

Your Name: _____

Mailing Address: _____

Street

City

State

Zip Code

Cell Phone: () _____

Email: _____

Are you a citizen of the USA? Yes No

Are you at least 18 years of age? Yes No

If "NO", under what authority will you be working in the USA? _____

Have you ever been employed here before? Yes No *If yes, when?* _____ *What position?* _____

Have you ever applied for a job here before? Yes No *If yes, when?* _____

How were you referred to Network, Inc.? _____

Do you have any relatives working for us? Yes No *If yes, who?* _____

EDUCATION, LICENSES, AND CERTIFICATIONS

Highest Level of Education Completed: _____ Name of School: _____

List any professional licenses and/or certifications: _____

Check off current trainings: FA CPR PMT DDS Med. Certification

WHAT POSITION ARE YOU APPLYING FOR?

Full Time Part Time Relief Temp Salary Requirements _____

What shifts are you available to work? 1st Shift 2nd Shift 3rd Shift Weekends

What days are you available to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What towns are you willing to work?

Bloomfield Manchester Tolland Coventry Ellington Columbia Hebron Marlborough

Willimantic Andover Ashford Dayville Danielson Moosup Pomfret Center

TELL US ABOUT YOUR WORK EXPERIENCE

1. Name of Current or Most Recent Employer _____

Address: _____ Phone () _____

Job Title _____ Supervisor's Name _____

From ____/____/____ to ____/____/____ If paid hourly \$ _____ If Paid Salary \$ _____

Job Duties (give details) _____

Reason for leaving _____

2. Employer _____

Address: _____ Phone () _____

Job Title _____ Supervisor's Name _____

From ____/____/____ to ____/____/____ If paid hourly \$ _____ If Paid Salary \$ _____

Job Duties (give details) _____

Reason for leaving _____

Please answer the following questions.

Your answers will be held in strict confidence, except as needed to process your application.

1. Are there any criminal charges currently pending against you? Yes No
If yes, When? _____ Where? _____ Describe: _____
2. Do you currently use illegal drugs? Yes No
Note: Illegal drug use refers both to the use of unlawful drugs and the unauthorized of prescription drugs.
3. Do you possess a valid driver's license? Yes No
Has your driver's license ever been suspended or revoked in any state? Yes No
If yes, When? _____ Where? _____ Describe: _____
4. Are you comfortable assisting with hygiene needs? Yes No
5. Are you physically able to lift, transfer, and support individuals? Yes No

Network, Inc. will conduct a background check. The results of the background investigation may be returned to Network, Inc. after an offer of employment is extended by Network, Inc. and accepted by you. If this background check reveals any information which is contrary to the answers you provided in this employment application, Network, Inc. reserves the right to (1) refuse an offer of employment; or (2) terminate your employment.

Network, Inc. will conduct pre-employment drug tests for all applicants selected for employment. An applicant whose results of drug testing do not indicate illegal drug usage may be considered as eligible for employment. An applicant whose results of drug testing indicate that the applicant has used an illegal drug(s) shall be disqualified from employment. The following criteria shall be deemed as refused testing and the applicant shall be disqualified for employment: (1) applicant who expressly declines drug testing or engages in conduct that clearly obstructs the testing process, (2) applicant who fails to appear for drug testing after proper notification, (3) applicant who fails to provide adequate urine for testing without a valid medical reason.

I understand that as part of the education and past employment verification Network, Inc. may contact any of my educational institutes and previous employers for information regarding my relationship with them. I hereby authorize them to disclose any relevant information to Network, Inc. as may be necessary to process my application for employment. I hereby further agree that a copy of this authorization shall be as effective and shall serve the same purpose as the original.

I understand that if an offer of employment is made to me, it may be conditioned upon a satisfactory health evaluation by a medical doctor including the TINE test.

In the event of my employment with Network, Inc. I will comply with all rules and regulations and set forth in Network, Inc.'s Policy & Procedure book or other communications distributed to all employees. Employment at Network, Inc. is voluntarily entered into for no stated term or period of time. I understand that if I am hired, my employment will be "at will" and may be terminated at any time. I further understand that the "at will" nature of my employment cannot be changed except by a formal written contract signed by the Executive Director of Network, Inc.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, adversely affect this application. Making false statements on this application would be grounds for termination.

I understand that an investigative background inquiry is to be made of myself including, but not limited to, criminal history, driving history, employment history, sex offender bureau check, DDS Work Registry, HHS/OIG/GSA (welfare fraud) and other reports. I hereby give my permission for Network, Inc. to request this information.

I hereby authorize, without reservation, any party or agency contacted to release full and complete information as may be requested by Network, Inc. I waive any right to view this information, and release Network, Inc. from all liability for reporting any information requested by Network, Inc. To aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

Print Name: _____

Social Security #: ____/____/____

Date of Birth: ____/____/____

Driver's License: _____

Current Address: _____

City: _____

State _____

Zip Code: _____

Previous State(s) (include County) where you lived: _____

I hereby acknowledge that I have read the above statements and understand them.

Printed Name of Applicant: _____

Date ____/____/____

Signature of Applicant: _____

Date ____/____/____

Exhibit B
Network, Inc.

Disclosure and Authorization for the Release of Information

Network, Inc. (hereinafter, "THE EMPLOYER") will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to THE EMPLOYER. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, and Research Services, LLC, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. **This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment.** According to the Fair Credit Reporting Act, I will be notified by THE EMPLOYER if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to THE EMPLOYER. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon, CT., 06001. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

*****PLEASE FILL OUT THIS FORM COMPLETELY*****

Print Name Clearly: _____

List ALL other first & last names ever used:

(PRINT NAME CLEARLY, LAST YEAR USED FOR EACH NAME)

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

CURRENT Street Address: _____

City _____ State _____ Zip _____ How long at address? _____

PREVIOUS Address: _____

City _____ State _____ Zip _____ How long at address? _____

Last School/College Attended _____ State _____ Last Year Attended _____

Did you Graduate? _____ If you graduated, circle one GED ___ Diploma ___ Degree ___

Registered and/or Graduated under what name?

Applicant's Signature: _____ Date: _____

For EMPLOYER Use Only: Requested by _____ PH: _____ FX: _____ Criminal (Indicate States) _____ Federal Criminal _____ Driver History _____ Employment _____ (#) Education _____ (#) Social Security _____ National Index _____ Sex Offender Registry _____ Credit _____ Phone: 860-678-0066 Fax: 860-678-1996 or 860-678-0099



NETWORK, INC.

"A BETTER LIFE EXPERIENCE"

EEO Applicant Data Form (Optional)

Important information for all applicants: To enable Network to meet government reporting regulations and to maintain an Affirmative Action Plan, applicants are requested to complete this personal data sheet.

Information will be used for government reporting purposes and will be detached and kept separate from your job application. This information will not be used as selection criteria and will be treated as personal and confidential. Your decision or refusal to provide the requested information will not subject you to any adverse treatment. Your voluntary cooperation will be appreciated.

SEX: Female

Male

RACE/ETHNIC CATEGORY: (Due to Government reporting constraints, please check the most appropriate category)

- White
 - Native American or Alaskan Native
 - Asian or Pacific Islander
 - Black
 - Hispanic
 - Other
-

- I am a qualified handicapped individual** who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment and (4) is capable (qualified) of performing a particular job with reasonable accommodation to my handicap.