

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.

HOW DO WE CONTACT YOU?

Social Security #: ____/____/____ Your Name: _____

Mailing Address: _____

Street

City

State

Zip Code

Home Phone: () _____ Business Phone: () _____

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? _____

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? _____

TELL US ABOUT YOUR EDUCATION

Name of High School _____ Location _____

of years completed? _____ GED _____ Type of Degree _____

College Name _____ Location _____

of years completed? _____ Type of Degree _____

Business School Name _____ Location _____

of years completed? _____ Type of Degree _____

Graduate School Name _____ Location _____

of years completed? _____ Type of Degree _____

Military Service Record

Were you in the U.S. Armed Forces? Yes No

Dates of Active Duty: From ____/____/____ to ____/____/____

WHAT POSITION ARE YOU APPLYING FOR?

Position Title _____ Full Time Part Time Relief Temp

Date Available to work ____/____/____ Salary Requirements _____

What hours are you available to work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st shift							
2 nd shift							
3 rd shift							

Write a brief statement in which you express both why you feel qualified for the job for which you are applying and what your career interests are _____

TELL US ABOUT YOUR WORK EXPERIENCE

If presently employed, why do you desire to change your position? _____

Describe your work experience in detail, beginning with your CURRENT or MOST RECENT job. Please list your last five employers which may include self-employment, summer, volunteer work, and part-time jobs. All information in this section MUST BE COMPLETE. – A resume may be attached, but does not substitute for completing this section.

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 _____

3. Employer _____

Address: _____ Phone () _____

Job Title _____ Supervisor's Name _____

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

Job Duties (give details) _____

Reason for leaving _____

4. Employer _____

Address: _____ Phone () _____

Job Title _____ Supervisor's Name _____

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

Job Duties (give details) _____

Reason for leaving _____

5. Employer _____

Address: _____ Phone () _____

Job Title _____ Supervisor's Name _____

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

Job Duties (give details) _____

Reason for leaving _____

Please state in a paragraph, between 25-50 words long, the reason(s) you would like to work for this agency providing services to individuals with special needs.

Please calculate the client's Spending Record in the box provided using the following information:

A client has a beginning balance of \$50.00. He spends \$2.50 on food, \$10.00 on clothing, and \$7.75 on personal hygiene items. He also receives a paycheck for \$75.00 What is his ending balance?

Beginning Balance	Description	Deposit (+)	Expenditure (-)	Final Balance
\$50.00				

Ending Balance? _____

Please answer the following questions.

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

- Are there any criminal charges currently pending against you? Yes No
If yes, When? _____ Where? _____ Describe: _____
- 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.
- 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: _____

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

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

Signature of Applicant: _____

Date ____/____/____

NETWORK, INC.

"LOOKING PAST DISABILITY, SEEING POTENTIAL"

TO: Applicant

FROM: Kim Taute, Human Resources Director

RE: EMPLOYMENT APPLICATION AND RELATED INFORMATION

Dear Applicant:

Thank you for your interest in Network, Inc. Your application will be held in the Human Resources Department. Before we can process your application any further, we need copies of the following items:

- Copy of your High School Diploma or GED
- Copy of your Driving History from the DMV
- One Personal letter of reference (*typed on letterhead*)
- One Professional letter of reference (*type on letterhead*)

**Please provide copies of the above mentioned items to the HR Department
Copies will not be made for you nor will copies be returned to you.**

This information can be faxed to 860-512-0373 any time of day or night or you can mail it to the address on this letterhead. After you have submitted fill of the above items, the Human Resources Director will conduct background checks and tests.

If we are interested in continuing the application process with you, we will contact you within a month or so. Unfortunately, due to the very high volume of applicants, if you do not hear from us within that time, it means that we are unable to offer you an interview.

Thank you for applying. Please direct any application related questions to the Human Resources Department at 860 – 742 – 1313, extension 55418.

NETWORK, INC.

“LOOKING PAST DISABILITY, SEEING POTENTIAL”

Dear Applicant:

This letter will serve as notification that the following Federal and State labor law posters and notices are located in the basement level of the Network, Inc. main office in our *training room.

- CT Dept. of Labor - State Unemployment Insurance Law
- CT Dept. of Labor - Wage & Workplace Standards Division - minimum wage (English & Spanish version)
- Employee Rights Under the Fair Labor Standards Act (English & Spanish version)
- Equal Employment Opportunity is the Law (English & Spanish version)
- Information about supplemental withholding tables for joint filers who both earn wage income
- Medical Care Plan for Accident & Injuries Covered under CT Workers' Comp. Law
- Notice to all Employees Concerning Electronic Monitoring
- Notice: Employee Polygraph Protection Act (English & Spanish version)
- OSHA - Job Safety & Health It's the Law (English & Spanish version)
- Preventing Workplace Violence
- Sexual Harassment is Illegal
- Workers' Compensation Fraud is Against the Law
- Your Rights under the Family & Medical Leave Act (English & Spanish version)
- Your Rights Under Uniformed Services Employment & Re-employment Rights Act (USERRA)

***Training room is unlocked and is available to applicants at their convenience. If you would like more information please contact the Human Resources Department.**

**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.

"LOOKING PAST DISABILITY, SEEING POTENTIAL"

BACKGROUND INQUIRY RELEASE

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: _____

Applicant Printed Name: _____

Applicant Signature: _____

Updated 12/12/12

NETWORK, INC.

"LOOKING PAST DISABILITY, SEEING POTENTIAL"

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.