



# EMPLOYMENT APPLICATION

Form #01  
Rev. 09/30/15

Position(s) applying for \_\_\_\_\_  
Date available: \_\_\_\_\_ Salary range: \_\_\_\_\_  
Type of employment desired:  Full-Time  Part-Time  Per Diem  Internship  
Available to work:  Day  Evening  Night  Weekend  
Date \_\_\_\_\_

**Please read the following statements carefully before you sign and complete this application.**

Cheshire County, believes in the principles and practice of equal opportunity. Cheshire County is an Equal Opportunity Employer and considers all qualified applicants and employees for hire, promotion, training, and all other employee action without regard to race, color, religion, age, national origin, ancestry, sex or sexual orientation, marital status, disability, citizenship, veteran status, or any other protected category under applicable federal, state or local laws.

***I have read, understand and agree to this statement (please initial here) \_\_\_\_\_***

I understand during my probationary period, if the County decides to terminate my employment, I will be advised of the reasons, if any, for my termination. I will have the opportunity to explain my performance shortcomings or the actions that form the basis of the complaint prior to my termination. I further understand that the County will consider my explanations and may: (1) retain me as an employee subject to additional conditions, or (2) reject my explanations and terminate my probationary employment. I further understand that this application and the policies, procedures, and benefits contained in any employee handbook or in any other written material disseminated by or for Cheshire County do not constitute an employment contract between Cheshire County and myself or imply the existence of any contractual or other rights. Such policies, procedures, and benefits contained therein may be changed or terminated from time to time by Cheshire County at its sole discretion. These statements about the at-will nature of employment constitute the complete understanding between the company and its employees regarding this subject.

***I have read, understand and agree to this statement (please initial here) \_\_\_\_\_***

Cheshire County, in considering my application for employment, may verify the information set forth on this application and obtain additional information related to my background. I expressly authorize Cheshire County or its agents to check my employment references, personal references, schools, etc., to determine my suitability for employment. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background, and I release them from all liability for any damage for providing this information.

***I have read, understand and agree to this statement (please initial here) \_\_\_\_\_***

I certify that the information on this application is correct and true. I understand that any misrepresentations or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal. I agree that Cheshire County shall not be liable in any respect if my application is disqualified or my employment terminated because of misrepresentations, omissions, or false statements or answers by me either verbally, in writing, or on this application.

***I have read, understand and agree to this statement (please initial here) \_\_\_\_\_***

I understand that any offer of employment at Cheshire County is contingent upon passing a drug test, criminal background check and physical.

***I have read, understand and agree to this statement (please initial here) \_\_\_\_\_***

## Personal Information

Name \_\_\_\_\_  
(last) (first) (middle)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Are you eligible for employment in the United States?  Yes  No

If you are under 18 years of age and it is required, can you furnish a work permit?  Yes  No

Referral Source  Walk-in  Advertisement  Relative  Employee  other \_\_\_\_\_

If your Referral Source is a CURRENT Employee, please provide their name: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes give dates: From \_\_\_\_\_ To \_\_\_\_\_

If driving is a job function of the position for which you are applying, please provide:  
 Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation in the past?  
 Yes  No

Have you ever been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person by a court of law?  
 Yes  No

Have you ever been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person by a State Survey and Certification agency?  
 Yes  No

Have you ever had a finding of guilty entered into any State Nurse Aide Registry concerning the abuse, neglect or mistreatment of the property of any person?  
 Yes  No

Have you ever been convicted of a crime or sanctioned for violation of law relating to a Federally or State funded health care program or plan, including but not limited to the filing of a false or fraudulent claim for payment, the making of a prohibited referral, or the prohibited solicitation or receipt of remuneration for the making of a referral?  
 Yes  No

(If yes to any question, identify the crime or activity for which you were convicted or sanctioned, the date of the conviction or sanction and the location of the court in which you were convicted, or the identity of the government agency that sanctioned you. Please provide any details you feel relevant. Conviction of a crime will not necessarily bar you from employment but will be considered as part of the overall evaluation of your qualifications.) Please use a separate sheet of paper, if needed.

**Education**

	Names and Location of Schools Attended	Course of Study	#Years Attended	Did you Graduate?
High School				
College				
Post-Graduate College				
Tech/Business School				

Professional license, designations, etc. \_\_\_\_\_  
 Professional organizations \_\_\_\_\_  
 Specialized training or skills \_\_\_\_\_

**Work Experience** (Please list your work experience, including any periods of unemployment, for last five years. Begin with your most recent employer, ask for an additional sheet if more space is needed to complete your employment history.)

Company Name and Address	Phone	Dates	Salary	Job Title/Supervisor	Reason for Leaving
		From To	Starting Final		
		From To	Starting Final		
		From To	Starting Final		

If you are currently employed, may we contact your employer?  Yes  No  
 If you were employed under a maiden name or nickname or other name, what was the name? \_\_\_\_\_

**References** (List three persons, not related to you, whom you have known at least one year)

Name	Address and Phone	Work Phone	Relationship	Yrs. Known

Cheshire County  
Human Resources Department

The employer (Cheshire County) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please check one from each column:

RACE

ETHNICITY

\_\_\_ Asian

\_\_\_ Hispanic or Latino

\_\_\_ Black or African American

\_\_\_ Not Hispanic or Latino

\_\_\_ American Indian or Alaska Native

\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_ White, not of Hispanic Origin

\_\_\_ Two or more races

I acknowledge that this is a voluntary opportunity to identify my race and ethnicity.

Signature: \_\_\_\_\_

