MY PEOPLE
CLINICAL SERVICES

111 Gillette Street, Hartford, CT 06105 – Tel: 860-656-0450 – Fax: 860-656-0491

APPLICATION FOR EMPLOYMENT

DATE: ***Please print clearly**

Last Name	First Name	Middle		
Present Address: No., Street		City	State	Zip Code
Home Phone No.	Cell Phone No.	E-mail Address	Referred by	

ELIGIBLE TO WORK IN USA? YES ☐ NO ☐

OVER 18? YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A FELONY*? YES ☐ NO ☐

Driver's License # State Date of Birth if not CT

PSQ License? YES ☐ NO ☐

EMPLOYMENT DESIRED:

Position

Full Time ☐

Part Time ☐

Date You Can Start Salary Desired

Currently Employed? YES ☐ NO ☐

If yes, may we contact your present employer? YES ☐ NO ☐

Ever Applied To This Agency Before? YES ☐ NO ☐

For what position? When?

EDUCATION:

Name & Location of School	Circle last year completed	Did you graduate?	Subjects Studied & Degree(s) Earned
College:	1 2 3 4		
Trade, Business or Correspondence School:	1 2 3 4		
High School:	1 2 3 4		

Subject of Special Study or Research Work - **Other** Courses or Related Experiences **- Specialized** Training? Describe

_____

_____

Medication Certificate: Yes ☐ No ☐ Exp. Date:_____ CPR: Yes ☐ No ☐ Exp. Date:_____

First Aid: Yes ☐ No ☐ Exp. Date:_____ PMT: Yes ☐ No ☐ PART: Yes ☐ No ☐

Other: _____

- A felony is any offense for which a person may be sentenced to a term of imprisonment in excess of one year.

WORK EXPERIENCE: Begin with most recent and include volunteer experience, if job related. List all positions held which are necessary for determining your eligibility for employment. You must fill out this form completely, even if a resume is attached.

Month/Day/Year	*Name/Address/Phone No. of Employer*	*Position Duties*	*Reason for Leaving*
End: *Start:*			
End: *Start:*			
End: *Start:*			
End: *Start:*			

REFERENCES: Give below the names of three (3) persons, unrelated to you, who have supervised *you.*

Supervisor's Name	*Phone No.*	*Company/Agency & Position*	*Years (Dates) Acquainted*
1.			
2.			
3.			

NOTE TO APPLICANT: <u>Do not answer the following question</u> unless you have been informed about the requirements of the job for which you are applying.

PHYSICAL RECORD: **Do you have any physical condition that may limit your ability to perform the job for which you are applying?**
Yes ☐ No ▣ If yes, please explain: _____

_____

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if employed, my employment is not for a definite period and may, regardless of the date of payment of my wages, be terminated at any time by my own will or the employer's without any previous notice for reasons outlined in MY PEOPLE CLINICAL SERVICES' Policies and Procedures Manual. I have fully read the job description and understand the responsibilities.

Signature: _____ **Date:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of information concerning
(Candidate Signature)
my past employment to the MY PEOPLE CLINICAL SERVICES.

For Office Use Only

Name: _____

has applied for employment at this agency as _____

and has referenced work experience with you. Will you kindly complete the following form and mail it to us at your earliest convenience to **MY PEOPLE CLINICAL SERVICES 915 Asylum Avenue, Hartford, CT 06105**. This is a *secured address* and the information you give will be kept strictly confidential. Thank you for your assistance.

Signed: _____ Date: _____
Personnel Administrator

Position Held: _____

Dates of Employment: From: _____ To: _____

Reasons for Separation: _____

_____

Eligible for Re-employment: Yes☒ No☐ If No, please explain: _____

_____

_____

Please check the appropriate column below, indicating an evaluation of the applicant:

	Very Good	Good	Fair	Poor
Work record in general	☐	☐	☐	☐
Judgement	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Attendance Record	☐	☐	☐	☐
Conduct in general	☐	☐	☐	☐

*Comments or remarks:*_____

_____

_____

Signed: _____ Date: _____

Position: _____

BACKGROUND INFORMATION RELEASE

I authorize MY PEOPLE CLINICAL SERVICES, to conduct a background check on me. The Agency may also check for:

1. Motor vehicle violations,
2. Felony convictions,
3. Criminal history,
4. DMR & DCF Registry.

_____ _____

Signature *Date*

NOTICE TO APPLICANTS

MY PEOPLE CLINICAL SERVICES requires successful completion of a urinalysis drug test as part of its pre-employment screening process for potential employees applying for safety-sensitive positions.

Additionally, MY PEOPLE CLINICAL SERVICES requires successful completion of a urinalysis drug test if MY PEOPLE CLINICAL SERVICES has reasonable suspicion that the employee is under the influence of drugs or alcohol which adversely affects or could adversely affect the employee's job performance.

MY PEOPLE CLINICAL SERVICES also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random urinalysis drug testing.

Drug tests are conducted for the MY PEOPLE CLINICAL SERVICES by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the MY PEOPLE CLINICAL SERVICES' other criteria for employment.

Because we are required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice indicating that you understand our policy.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.

_____ _____

Signature *Date*

Have you ever taken the DMR Medication Test?

NO ☐ Stop here. YES ☐ Please continue…

1. Medication Certification Expiration Date: _____

2. Have you ever been convicted of a crime involving the manufacture, sale, dispensing, possession, or possession with intent to sell any controlled substance?

YES ☐ NO ☐

3. Is your current Medication Certificate under review for possible suspension or revocation?

YES ☐ NO ☐

4. Has your Medication Certificate been suspended or revoked?

YES ☐ NO ☐

MY PEOPLE CLINICAL SERVICES is an equal opportunity employer! Diversity is the heart & soul of our business.

Thank you for your time and interest in MY PEOPLE!