

200 Seabury Drive Bloomfield, CT 06002

APPLICATION FOR EMPLOYMENT

Application must be completed in its entirety. Please print clearly.

SEABURY IS A DRUG & ALCOHOL FREE WORKPLACE. ALL APPLICANTS ARE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN & BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. _____

(initials)

	PERSONA	AL INFORMATION		
Name			Date:	
Last	First	M	I.I.	
Previous Name(s):				
Present Address:				
Stree Previous	t	City, State		Zip Code
Address:				
Stree	t	City, State		Zip Code
Phone (Days)	Cell	Em	nail	
Are you legally eligible for emp	loyment in the USA?	State age if	Funder 18	
Position(s) applied for	Rate	of pay expected \$	/per hour	
Would you prefer to work: Full time Part-time	Specify days and hour	s of part-time		
Shift(s) preferred:		_Available for overtime?		_
Were you previously employed reason you left:	by us? If yes	s, please list your positior	n, dates of employmen	t and the
If your application is considered Are there any other experiences,	•			
Do you have a commitment to a If yes, please specify details:	nother employer (i.e., emplo	yment contract, layoff/rec	call status)?	

EDUCATION

Please provide information regarding your educational background (i.e., schools attended, degrees received), and any other information that may be useful in considering your application for employment.

Level of Education	Name/Address of School	Last Year Completed	Did You Graduate?	Course of Study	Grade point average	Diploma/ Degree Rec'd
College						
Other						
High School						
Technical						
Are you currently enro	olled in a course?	If yes, pleas	e describe:			
	EM	IPLOYMENT H	HISTORY			
	employment record beginning v your employer will not be conta			cent position. If y	ou are currently emp	loyed,
F.,				From		
				To		
Address			_	Mo/Yr		_
Job Title			_			
Describe your job resp	oonsibilities:					
Starting Salary \$	/Week		Ending Sa	lary \$	/Week	
Reason for Leaving:_						
Supervisor's Name		Phone ()			

Employer's Name			-	To	
Address				Mo/Yr	
Job Title					
Describe your job responsibil	ities:				
Starting Salary \$	/Week		Ending Salary \$		/Week
Reason for Leaving:					
Supervisor's Name		Phone ()		
> 4> 4> 4> 4> 4>	(> 4 > 4 > 4 > 4 >	4>4>4> 4>	4>4>4>	4>4> 4)	*
Employer's Name			-	From Mo/Yr To	
Address				Mo/Yr	
Job Title					
Describe your job responsibil	ities:				
Starting Salary \$	/Week		Ending Salary \$		/Week
Reason for Leaving:					, , , , oon
Supervisor's Name)		
	()	·			>4>4>
Employer's Name				From Mo/Yr	
Address			-	To Mo/Yr	
Job Title					
Describe your job responsibil					
_					
Starting Salary \$	/Week		Ending Salary \$		/Week
Reason for Leaving:					
Supervisor's Name		Phone ()		

Have you ever been tern	ninated from a position, asked to resign	or left a job without notice? If yo	es, please explain
	nization listed in your employment hist n	ory that you do not want us to contact?	If yes, please
	MILITA	RY RECORD	
		ates Armed Forces?	
Are you now or nave yo			
If yes, which branch of			
If yes, which branch of s Dates of duty: From	service?To/		
If yes, which branch of s Dates of duty: From	service?		
If yes, which branch of s Dates of duty: From Rank at discharge:	service?To/		
If yes, which branch of some Dates of duty: From	Service?To		guidance personn
If yes, which branch of some Dates of duty: From	Service?To	e – students please use teachers or g	guidance personn
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.
If yes, which branch of some Dates of duty: From	TAL REFERENCES – Note terences and state relationship to you	e – students please use teachers or g	guidance personn r, etc.

Applicant's Statement

Church Home of Hartford, Inc., d/b/a Seabury, is an equal opportunity employer and does not discriminate as to age, race, color, creed, marital status, sex, national origin, sexual orientation, disability or other protected status under state and federal laws.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, related papers or oral interviews as may be necessary in arriving at an employment decision. If I have applied for a position deemed to be safety-sensitive, I give permission for Seabury to conduct related credit investigations. I understand Seabury has the right and duty to solicit certain CDL-related drug and alcohol testing information from prior employers.

I consent to take a medical examination by a qualified physician at the discretion of my employer. I further understand that this is an application for employment and no employment is being offered.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
Print Name	