



Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

Street Address

City

State

Zip

Telephone \_\_\_\_\_

Number of years at Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Street Address

City

State

Zip

Social Security Number \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Type of Work Desired  Full-time  Part-time  Temporary

Date you will be available to start work \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Name of referral source \_\_\_\_\_

Are you able to meet the attendance requirements?  Yes  No

Do you have any objections to working overtime if necessary?  Yes  No

Can you travel if required by this position?  Yes  No

Have you ever applied or been previously employed by our organization?  Yes  No

If yes, when? \_\_\_\_\_  Applied  Employed

Are you legally eligible for employment to work in this country?  Yes  No

(Please note: proof of employment eligibility will be required.)

Have you ever been convicted of a crime?  Yes  No

(A conviction will not necessarily be a bar to employment.)

If you answered "yes", please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation.

Are there any criminal charges currently pending against you? (The fact that criminal charges are pending against you will not necessarily be a bar to employment.)  Yes  No

If you answered "yes", please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation.

NOTICE: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-760 or 54-142a of the Connecticut General Statutes; (2) If your criminal records have been erased pursuant to Section 46b-146, 54-760 or 54-142a, you shall be deemed to have never been arrested within the meaning of the Connecticut General Statutes with respect to the proceedings so erased and may so swear under oath; (3) Criminal records subject to erasure pursuant to Section 46b-146, 54-760 or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon.



I hereby authorize Triad Healthcare, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability Triad Healthcare, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that Triad Healthcare, Inc. may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand that I have a right to make a written request within a reasonable time for disclosure of the name and address of the consumer reporting agency so that I may obtain complete disclosure of the nature and scope of the investigation.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organization not to discriminate against any applicant or refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. I certify that all information provided in this application is true, complete and accurate to the best of my knowledge.

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**Applicants Signature**

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**Date**



**Employment History**

Please provide the following employment information for your past three employers starting with the most recent.

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Essential Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Essential Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Immediate Supervisor and Title:** \_\_\_\_\_

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Essential Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

**Educational History**

**A.** List the last three (3) schools attended & the location, starting with the most recent. **B.** List the number of years completed.

**C.** Indicate degree or diploma earned, if any. **D.** List field(s) of study (Major & Minors).

A. Name & Location of School	B. Years	C. Degrees	D. Fields of Study

**Personal References**

List the name of three (3) references. Please do not include relatives or employers

Name:	Telephone Number:	Years Known:



## VOLUNTARY EEO IDENTIFICATION

The information requested on this sheet is for completion of Government reporting on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status. Self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position(s) Applied For 1. \_\_\_\_\_ Telephone \_\_\_\_\_  
2. \_\_\_\_\_

### Affirmative Action Information

Gender  Male  Female

Race/Ethnicity  White (Non-Hispanic)  Black(Non-Hispanic)  Hispanic  
 Asian or Pacific Islander  American Indian or Alaskan Native

### Veteran/Disabled Classification(s)

Vietnam Era Veteran  Special Disabled Veteran  Other Veteran \_\_\_\_\_

Are you disabled?  Yes  No

If yes, do you need any accommodations?

#### Explanations of the Categories:

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who: (1) Has a physical or mental impairment which substantially limits one or more of such person's life activities, (2) Has a history of such impairment, OR (3) Is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who: (1) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, OR (2) Was discharged from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who: (1) Is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, OR (2) Was discharged or released from active duty because of a service-connected disability. Other Veteran: Either a Newly Separated Veteran that has been discharged or released from active duty in the last year or Other Protected Veteran that served in a war/campaign/expedition for which a campaign badge has been authorized.