

**BRISTOL ADULT RESOURCE CENTER, INC.**  
195 Maltby Street, P.O. Box 726  
Bristol, CT 06010-0726  
Phone: (860) 261-5592 ~ Fax: (860) 845-8896  
Email: [bristolarc@bristolarc.org](mailto:bristolarc@bristolarc.org)

**EMPLOYMENT APPLICATION**  
**Personal**

~ Agency policy requires all applicants be at least eighteen years of age. ~  
~ We are an affirmative action agency and an equal opportunity employer. ~

~ Employment with the Bristol Adult Resource Center, Inc. is on an at-will basis, which means that your employment and compensation can be terminated, at any time, at the option of either the agency or you. ~

**General Information:**

Name: \_\_\_\_\_ Home phone/Cell #: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for: 1) \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
2) \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Specify days and hours you would be available to work: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Previous Address: \_\_\_\_\_  
No. Street City State Zip

Referred by: Newspaper \_\_\_\_\_ Employee \_\_\_\_\_ Name of Employee: \_\_\_\_\_  
Agency \_\_\_\_\_ OnLine \_\_\_\_\_ Other \_\_\_\_\_

Do you have the right to work in the United States? \_\_\_\_\_

Have you ever been interviewed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_  
Name Relationship  
Name Relationship

Do you have a valid drivers' license? \_\_\_\_\_ What State? \_\_\_\_\_

**Education:**

Elementary School: \_\_\_\_\_

High School: \_\_\_\_\_

Diploma or GED: Yes \_\_\_\_\_ No: \_\_\_\_\_

*If the position(s) you are applying for does/do not require a degree, completing the following information is optional:*

College: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Major: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

**Record Of Employment Beginning With Most Recent:**

**Name and Address of Company:** \_\_\_\_\_

Date Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Position and Basic Duties: \_\_\_\_\_

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

**Name and Address of Company:** \_\_\_\_\_

Date Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Position and Basic Duties: \_\_\_\_\_

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

**Name and Address of Company:** \_\_\_\_\_

Date Employed: From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Position and Basic Duties: \_\_\_\_\_

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

\*Are there any other experiences, skills, or qualifications which you feel make you especially competent for work with the Bristol Adult Resource Center, Inc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References: Work related only – supervisor preferred. No family members and cannot be BARC employee referred by:**

*If you are called for an interview, references you list may be contacted.*

Name	Position	Business	Telephone Number
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What date would you be available to start work? \_\_\_\_\_

**Bristol  
Adult  
Resource  
Center**

*Serving adults with intellectual and developmental disabilities since 1957*

*Administrative Offices  
195 Maltby Street  
Mailing address:  
PO Box 726  
Bristol, CT 06011-0726  
(860)261-5592/fax (860)845-8896  
www.bristolarc.org*

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**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_, do hereby give permission for the  
(Applicant Name)

release of any and all information from employment, education, and personal references to  
the Bristol Adult Resource Center for the sole purpose of conducting an employment  
check for the position of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Notice for Use of Background Check Authorization

To all employment candidates:

Please be advised we will only perform a background check per your authorization at such time a conditional offer of employment has been extended to you.



**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]

Employer Name: **BRISTOL ADULT RESOURCE CENTER**

Employer (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. **Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.**

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by **Security Services of Connecticut, Inc., 25 Controls Drive, Shelton, CT 06484, 1-800-360-3688, www.sscintel.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If under the age of 18, a parent/guardian signature must ALSO be obtained:*

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Relationship to Candidate:* \_\_\_\_\_



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Employer Name: **BRISTOL ADULT RESOURCE CENTER**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Security Services of Connecticut, Inc., 25 Controls Drive, Shelton, CT 06484, 1-800-360-3688, www.sscintel.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If under the age of 18, a parent/guardian signature must ALSO be obtained:*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Candidate:** \_\_\_\_\_



## BACKGROUND INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_

Date of Birth\* \_\_\_\_\_  
Month / Day / Year

Male or Female \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Driver's License # \_\_\_\_\_

Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_

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

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

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

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

For questions regarding your background report, please contact:

SSC, Inc.  
25 Controls Drive  
Shelton, CT 06484  
203-925-6180 (phone)  
203-402-0389 (fax)  
Attn: Pre-Employment Screening  
backgrounds@sscintel.com



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## Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I **(Name of Employee)** \_\_\_\_\_ authorize Rose & Kiernan, Inc. to obtain my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the \_\_\_\_\_ State Department of Motor Vehicles. **(Name of State)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address **IF** Different From Above:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I also authorize release of this information to my employer (or proposed employer).

\_\_\_\_\_  
Signature of Employee

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

\_\_\_\_\_  
Date

\*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.