

Section 3 – Other Training / Certifications / Licenses		
Certifications / Licenses	Effective Date	Expiration Date
Other skills, qualifications, experiences which you feel make you especially competent for work at BARC:		
Section 4 – Record of Employment		
Current Employer:		<input type="checkbox"/> None
Address/City/State:		Start Date:
Position / Title / Job Responsibilities:		
Days and average # hours worked:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Supervisor Name / Title / Phone:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason looking to leave:		
Previous Employer:		
<input type="checkbox"/> None		
Address/City/State:		Start Date / End Date:
Position / Title / Job Responsibilities:		
Days and average # hours worked:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Supervisor Name / Title / Phone:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Bristol Adult Resource Center

Serving adults with intellectual and developmental disabilities since 1957

Previous Employer: <input type="checkbox"/> None	
Address/City/State:	Start Date / End Date:
Position / Title / Job Responsibilities:	
Days and average # hours worked:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Supervisor Name / Title / Phone:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5– Emergency Contact Information	
Name: Relationship:	Address/City/State/Zip:
Email:	Cell Phone: Home Phone:
Section 6 – References	
Work related only – supervisor preferred. No family members or BARC employees	
Name:	Position:
Phone:	Company:
Name:	Position:
Phone:	Company:
Name:	Position:
Phone:	Company:

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.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

I authorize the verification and release of any or all information from employment, education and personal references to Bristol Adult Resource Center for the sole purpose of conducting an employment check.

Signature: _____ Date: _____

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

**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 **IPG LLC.** 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.

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.

<p><u>New York applicants only:</u> 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</p>
<p><u>Washington State applicants only:</u> 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.</p>
<p><u>Minnesota and Oklahoma applicants only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants only:</u> 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:</p> <ul style="list-style-type: none"> • 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. <p>"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.</p> <p>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. <input type="checkbox"/></p>

Signature: _____ **Date:** _____

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

Parent/Guardian Signature: _____ *Date:* _____

Relationship to Candidate: _____

