

BARC

Bristol Adult Resource Center

Serving adults with intellectual and developmental disabilities since 1957

Application Form	
Section 1 - General Information	
Name:	Date:
Address/City/State/Zip:	
Cell Phone:	Email:
Home Phone:	
Voluntary Information: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Are you authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
Positions applying for:	
1.)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Under 30 <input type="checkbox"/> Sub
2.)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Under 30 <input type="checkbox"/> Sub
Days and hours available to work:	
How did you hear about this position: <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Online/Name:	
<input type="checkbox"/> BARC Employee/Name:	<input type="checkbox"/> Other:
Have you ever been interviewed by us?	If yes, when?
Have you previously worked for us?	If yes, when?
List any friends or relatives working for us: (Name / Relationship)	
Section 2 – Education	
Name / address high school:	Diploma /GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
If the position applying for does not require a degree the following information is optional	
College/City/State:	Dates Attended:
College/City/State:	Dates Attended:
Degree or Certificate Received:	

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

Revised 3/31/2021

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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: None

Address/City/State: Start Date:

Position / Title / Job Responsibilities:

Days and average # hours worked: Full Time Part Time Temporary

Supervisor Name / Title / Phone: May we contact: Yes No

Reason looking to leave:

Previous Employer:

None

Address/City/State: Start Date / End Date:

Position / Title / Job Responsibilities:

Days and average # hours worked: Full Time Part Time Temporary

Supervisor Name / Title / Phone: May we contact: Yes No

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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: _____

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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 Security **Services of CT (SSC, 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.

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.



NOTICE

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Company Name: **BRISTOL ADULT RESOURCE CENTER**

In connection with your employment, including independent contractor and volunteer assignments, with the Company Name listed (Bristol Adult Resource Center), this notice is intended to inform you that a consumer report(s) (also known as “a background check”) may be obtained on you from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics, and mode of living. These reports may include, but are not limited to, information relating to your criminal information or history, driving and/or motor vehicle records, education or employment history, social media, drug/alcohol test results, social security number and address 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.

The report(s) is being prepared by our background screening vendor, SSC, Inc.

Security Services of CT, Inc. (SSC, Inc)

Background Screening & Investigations Department

25 Controls Drive

Shelton, CT 06484

Toll Free: (800)360-3688

(203)925-6186

www.SSCBSI.com

The scope of this notice is not limited to the present and, if you are hired, will continue throughout the course of your employment, independent contractor, or volunteer assignments, and will allow Bristol Adult Resource Center to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

NOTICE

DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT”

BACKGROUND INVESTIGATION

Company Name: **Bristol Adult Resource Center**

Company Name listed (“Bristol Adult Resource Center”), may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Bristol Adult Resource Center.

These reports will be conducted by:

Security Services of CT, Inc. (SSC, Inc.)
Background Screening & Investigations Department
25 Controls Drive
Shelton, CT 6484
Toll Free: 1 (800) 360-3688
(203) 925-6186
www.SSCBSI.com

AUTHORIZATION-BACKGROUND INVESTIGATION

By signing below, you authorize the obtaining of a consumer report or investigative consumer report by Bristol Ault Resource Center and its designated representatives to assist the company in making an employment related decision involving me.

The scope of this notice and your authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment, and allow the Company to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report.

Print Name (including middle name):
Signature:
Date:

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

Parent/Guardian Signature:
Relationship to Candidate:

CANDIDATE INFORMATION SHEET

Last Name _____

First Name _____

Middle Name _____

Other Names/Alias _____

Social Security# * _____

Date of Birth* _____

Month / Day / Year

State of Driver's License _____

Driver's License # _____

Phone Number _____

Present Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Email _____