

# EMPLOYMENT APPLICATION

Please complete the entire application.

## Employer Information

**Employer: Rite Care LLC**  
**Address: 909 Capitol Avenue**  
**City/State/ZIP: Bridgeport, Connecticut 07104**  
**Telephone: 2033318270**

It is the policy of Rite Care LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## Applicant Information

**Applicant Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Number of years at this address:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_

**Mobile phone:** \_\_\_\_\_

**Social Security Number:**  
\_\_\_\_\_

**Email:** \_\_\_\_\_

Have you lived in this state for more than seven years? Yes  No

**If no, specify all states you resided:**

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**Availability**

What days and hours are you available to work?

Mondays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Tuesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Wednesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Thursdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Fridays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Saturdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

Sundays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

**Recruitment Information**

**Position Applied For:** \_\_\_\_\_

**Full or Part Time?** \_\_\_\_\_

**Are you willing to work any shift, including nights and weekends?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, please state any limitations:**

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**If applicable, are you available to work overtime?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Who referred you to our company?**

\_\_\_\_\_

**Do you have any friends or relatives who work here? If yes, please list here:**

\_\_\_\_\_

**Have you worked for our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, when? \_\_\_\_\_**

**Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**How will you get to work? \_\_\_\_\_**

**If you are offered employment, when would you be available to begin work?**

\_\_\_\_\_

**If hired, are you able to submit proof that you are legally eligible for employment in the United States?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**What reasonable accommodation, if any, would you request?**

\_\_\_\_\_

**Applicant's Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill.

(One represents poor ability, while five represents exceptional ability.)

<b>Skill</b>	<b>Years of Experience</b>	<b>Rating</b>
_____	_____	<b>1 2 3 4 5</b>
_____	_____	<b>1 2 3 4 5</b>

**Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

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

**Dates of Employment (Month/Year):** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

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

**Dates of Employment (Month/Year):** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

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

**Dates of Employment (Month/Year):** \_\_\_\_\_

**Applicant's Education and Training**

**College/University Name and Address**

\_\_\_\_\_

**Did you receive a degree?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, degree(s) received:** \_\_\_\_\_

**High School/GED Name and Address**

\_\_\_\_\_

**Did you receive a degree?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Other Training (graduate, technical, vocational):**

\_\_\_\_\_

**Please indicate any current professional licenses or certifications that you hold:**

\_\_\_\_\_

**Awards, Honors, Special Achievements:**

\_\_\_\_\_

**Military Service:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Branch:** \_\_\_\_\_

**Specialized Training:** \_\_\_\_\_

**References**

**List any two non-relatives who would be willing to provide a reference for you.**

**Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

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

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

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

**Relationship:** \_\_\_\_\_

**Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:**

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION/BACKGROUND AUTHROIZATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I hereby authorize **(Rite Care LLC)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Rite Care LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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**APPLICANT SIGNATURE**

**DATE**