

Community Living Connections, Inc.
Affirmative Action Program Information Form

Please ask if you need assistance completing this information.

Community Living Connections, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as disabled or other minority. Please be advised that a) applicants are under no obligation to respond, but may do so in the future if they choose b) responses will remain confidential within the Human Resources Department; and c) responses will be used only for the necessary information to include in our Affirmative Action Program.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Race or Ethnic Identity:

- _____ **African American/Black**
- _____ **American Indian/Alaskan Native**
- _____ **Asian/Pacific Islander**
- _____ **Hispanic**
- _____ **White**

Gender:

- _____ **Male**
- _____ **Female**

In accordance with Section 504 of the Rehabilitation Act of 1973, a "Handicapped Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Under Section 504 of the Rehabilitation Act of 1973:

- _____ I do not qualify as having a handicap/disability.
- _____ I qualify as having a handicap/disability.

Do you need any assistance/modifications to help you complete this application form/interview? If so, please indicate what assistance/modifications you may require. _____

Where did you learn of this vacancy:

- _____ Newspaper (please name) _____
- _____ Website (please name) _____
- _____ Current Employee (please name) _____
- _____ Job Fair _____ Other (please name) _____

Print Name: _____ Date: _____

Signature: _____

Position Applying For: _____

Thank you for your applying with Community Living Connections, Inc.!!

Work Experience: (Please list most recent employer first and explain any gaps in employment)

Dates: From _____ To _____ Salary: Start \$ _____ Final \$ _____

Name of Company: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Position Held: _____

Reason For Leaving: _____ Supervisor: _____

May we contact: _____ Yes _____ No

Description of Duties: _____

Dates: From _____ To _____ Salary: Start \$ _____ Final \$ _____

Name of Company: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Position Held: _____

Reason For Leaving: _____ Supervisor: _____

May we contact: _____ Yes _____ No

Description of Duties: _____

Dates: From _____ To _____ Salary: Start \$ _____ Final \$ _____

Name of Company: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Position Held: _____

Reason For Leaving: _____ Supervisor: _____

May we contact: _____ Yes _____ No

Description of Duties: _____

Dates: From _____ To _____ Salary: Start \$ _____ Final \$ _____

Name of Company: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Position Held: _____

Reason For Leaving: _____ Supervisor: _____

May we contact: _____ Yes _____ No

Description of Duties: _____

Dates: From _____ To _____ Salary: Start \$ _____ Final \$ _____

Name of Company: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Position Held: _____

Reason For Leaving: _____ Supervisor: _____

May we contact: _____ Yes _____ No

Description of Duties: _____

Additional Information

Previously employed by CLC?: _____ Yes _____ No If yes, dates: _____

Are you related to anyone employed by CLC?: _____ Yes _____ No If yes, whom: _____

Are you related to anyone receiving services from CLC?:
_____ Yes _____ No If yes, whom: _____

Do you have the legal right to remain and work permanently in the US? _____ Yes _____ No
If yes, verification will be required

If offered this position, you will be required to take a physical exam. Are you willing to take a physical exam which may require a chest x-ray? _____ Yes _____ No

Have you ever been convicted of a crime, excluding minor traffic offenses? _____ Yes _____ No
If yes, please describe. CLC will consider your record only as it substantially relates to the position for which you are applying for. _____

Your application will not be processed unless you have:

- Completed all areas of the application
- Read and signed the Authorization, Release and Certification below

Authorization, Release and Certification

I certify that the facts set forth in my application for employment are true, correct, and complete. I understand that if employed, any false statements, misrepresentations, or material omissions on this application may be considered grounds for dismissal.

I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. If employed, I understand and agree that my employment is at-will and can be terminated by either party at any time, with or without prior notice, for any or no reason.

I authorize you to investigate statements contained herein and the references that I have indicated that you may contact, to give you any and all information concerning my previous employment, general character and personal characteristics. I release from all liability or legal claims every person seeking or providing information, whether oral or written.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

I understand this application will be considered inactive after 30 days.

Applicant Signature: _____

Date: _____