

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:

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:

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.)

Skill	Years of Experience	Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

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.

APPLICANT SIGNATURE

DATE