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| Applicant Information  |
| Last Name First M.I.  |
| Street Address Apartment/Unit # |
| City State Zip  |
| Cell Phone: Home Phone: |
| Email: |
| Position Applying for: |
| Referred by: |
| Are you a citizen of the United States? ☐ YES ☐ NO  |
| If no, are you authorized to work in the U.S.? ☐ YES ☐ NO |
| Have you previously worked at Vantage Group, Inc.? ☐ YES ☐ NOIf yes, please provides dates of employment:  |
| Interested in: ☐ Full-time ☐ Part-time ☐ Relief/ Per Diem |
| Names of friends/relatives employed by agency: |

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| Education  |
| High School |
| Address Dates Attended:  |
| Did you graduate? ☐ YES ☐ NO Degrees/ Diplomas:  |
| College/ University |
| Address Dates Attended:  |
| Did you graduate? ☐ YES ☐ NO Degrees/ Diplomas: |
| Trade/ Technical Training  |
| Address Dates Attended:  |
| Did you graduate? ☐ YES ☐ NO Degrees/ Diplomas: |

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| REFERENCES (List 2 professional references who are not related to you, are familiar with the quality of your work/ have worked directly with you and have known you at least 3 years.)  |
| 1. Name Phone |
| Address |
| City State Zip Code |
| Relationship  |
|  |
| 2. Name Phone |
| Address |
| City State Zip Code |
| Relationship |

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| Personal Data  |
| Do you have a valid driver’s license to operate a motor vehicle? ☐ YES ☐ NO  |
| If yes, Issuing State: License #: Expiration Date: |
| Do you have any points/ demerits against your license in the past three years? ☐ YES ☐ NOIf yes, please explain:  |
| Have you been convicted of any motor vehicle violations; including suspensions, revocation, DWI, convictions or any occurrence involving harm to a person or property in the last three years? ☐ YES ☐ NO If yes, please explain: |
| What hours are you available to work?:(Please be specific.)  |
| If hired by Vantage Group, would you work another job?: ☐ YES ☐ NO (If yes, what would your schedule be?) |

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| Trainings/ Certifications (Please check all that apply. If hired you must be able to provide proof of certification upon request.)  |
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| Employment HISTORY (Begin with your most recent employer. Attach additional sheet if needed.) |
| Company Phone |
| Address  |
| Job Title Manager’s Name |
| Dates of Employment |
| Job Duties |
| Responsibilities |
| Reason for Leaving |
| May we contact your previous supervisor for a reference? ☐ YES ☐ NO  |

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| Company Phone |
| Address  |
| Job Title Manager’s Name |
| Dates of Employment |
| Job Duties |
| Responsibilities |
| Reason for Leaving |
| May we contact your previous supervisor for a reference? ☐ YES ☐ NO  |

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| Company Phone |
| Address  |
| Job Title Manager’s Name |
| Dates of Employment |
| Job Duties |
| Responsibilities |
| Reason for Leaving |
| May we contact your previous supervisor for a reference? ☐ YES ☐ NO  |

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| personal statement |
| Our mission statement is: “…to support the life-long needs of individuals with intellectual and developmental disabilities in safe, comfortable settings and create opportunities for each person’s social, emotional, physical, intellectual, and spiritual growth.” How will you help us to achieve our mission? |
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| Please check and make sure you have provided all of the information asked for. You are to omit any responses that you believe may infringe on your constitutional rights. |

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| Disclaimer and Signature |
| The information provided in this Application for Employment is true, correct and complete.If employed, any misstatement or omission of fact on this application may result in my dismissal.All offers of employment are contingent upon receipt of good references and meeting all appropriate employment physical standards.I understand that if hired, my employment may be terminated either by myself or by Vantage Group at any time for any reason, and that no employee of Vantage Group has any authority to make representations to the contrary.I also acknowledge that my hours and/or shift assignments may be changed at the sole discretion of Vantage Group.I agree that, if hired, I will abide by all the Policy and Procedures and Personal Manual of Vantage Group. I understand that if I do not do so, I am subject to termination. |
| Signature |  | Date |  |

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

Vantage Group (“The Company”) may obtain information about you from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).

Signature: Date:

 ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Vantage Group Inc. 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 IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).

I do \_\_\_\_\_\_\_do not\_\_\_\_\_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. *(Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

(for searches conducted on minors under

the age of 18)

PERSONAL DATA

Last Name First Name Middle Name

Current Address Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # DL State

Email address (may be used for official correspondence)

Vantage Group, Inc.

29 North Plains Highway Unit 15

Wallingford, CT 06492

AFFIRMATIVE ACTION DATA

Vantage Group, Inc. is an Equal Opportunity/Affirmative Action Employer. Applicants are considered for positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, ancestry, age, marital, family or veteran status, past or present history of mental disorder, mental retardation, learning disability, or physical disability.

Because Vantage Group, Inc. is committed to making a concerted effort to recruit qualified applicants from all of the above mentioned groups, we ask that you complete the following questions so that we may evaluate those efforts.

This information will be used solely for EEO reports, affirmative action and recruitment purposes, in accordance with the American with Disabilities Act (ADA) and other applicable laws. Submission of this data is voluntary and refusal will not subject you to any adverse treatment. Although completing this information is voluntary, your cooperation will help us with mandated federal and state reporting requirements and with future recruitment efforts. As required by the ADA and other applicable laws, this data will be maintained in a confidential file separate from your application.

Position(s) Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: Sex \_\_\_\_\_Male \_\_\_\_\_Female Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: Race/Ethnic Group \_\_\_\_Caucasian \_\_\_\_African American \_\_\_\_Hispanic

 \_\_\_\_Asian or Pacific Islander \_\_\_\_Other

Check any and all that apply: \_\_\_\_Veteran \_\_\_\_Veteran with a Disability \_\_\_\_Individual with a Disability

Please identify the nature of your disability in the space below if you so choose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Since this data will not be used for recruitment or hiring purposes as stated above, stating the nature of a disability will not be considered for purposes of requesting accommodation.

Please indicate below how you became aware of this job opportunity

Check any and all that apply:

 \_\_\_\_\_Newspaper ……………………. Name of Paper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Radio………………………….. Name of Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Job Posting……………………. Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Employment Referral Service Please Provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Community / Civic Organization Please Provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ State Job line Service

 \_\_\_\_\_ College Placement Office

 \_\_\_\_\_ Informed by a friend

 \_\_\_\_\_ Informed by Vantage employee …. Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Other …………………………….. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 THANK YOU FOR YOUR COOPERATION

|  |
| --- |
| 29 North Plains Hwy. Unit 15, Wallingford, CT 06492 (203) 234-7737 Fax (203) 793-7817 www.VantageGroupInc.org |

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 LAST NAME FIRST NAME MIDDLE NAME**Understand that in conjunction with my application for employment, Vantage Group, Inc. may contact my current or former employer to fill out the following reference check form. The following information is confidential and will not be used for any other purpose.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Position Applied For

# Reference Check Form

*(Applicant – do not fill out below this line)*

|  |
| --- |
| Contact Information |
| Date: |  |
| Name of Contact: |  | Phone: |  |
| Title: |  |
| Company: |  |  |

|  |
| --- |
| Reference Comments |
| Verify Dates of Employment: |  |  |  |
|  | START DATE: |  | END DATE: |  |  |
| Could you comment on his/her |  |
|   Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dependability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree of Supervision Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall Attitude:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What was the nature of his/her position? |  |
| Would you describe his/her performance compared to other staff? |  |
| What are his/her strong points? |  |
| What are his/her weak points? |  |
|  |  |
| How did he/she respond to supervision? |  |
| How would you describe the applicant’s ability to get along with client groups and/or coworkers? |
|  |
|  |
| Anything else of significance we should know about this candidate? |
|  |
| *Thank you for your time and assistance.* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by Phone Date

Drug Testing: Pre-Employment Drug Testing Policy

Purpose:

All candidates who have received a written offer of employment will be required to undergo testing for commonly abused controlled substances in accordance with this policy.

Substances Covered by Drug and Alcohol Testing

Candidates will be tested for use of the following:

* Marijuana
* Cocaine
* Opiates
* Amphetamines (amphetamine and methamphetamine)
* Phencyclidine (PCP)
* Benzodiazepines
* Propoxyphene
* Chemical derivatives of these substances.
* Methadone
* Barbiturates

Candidates must advise the testing lab of all prescription drugs taken in the past month before the test and be prepared to show proof of such prescriptions to testing lab personnel.

Testing Methods and Procedure:

Upon receipt of an offer of employment, candidates must complete required drug testing within 3 days. All testing will be conducted by a licensed independent medical laboratory, which will follow testing standards in accordance with state law. Testing will be conducted on a urine sample provided by the candidate to the testing laboratory under procedures established by the laboratory to ensure privacy of the employee, while protecting against tampering/alteration of the test results.

Refusal to Undergo Testing: Candidates who refuse to submit a drug test or who fail to show up for a drug test within 3 days of an offer of employment will no longer be considered for employment, and any offer of employment will be rescinded.

Right to Explain Test Results: All candidates have the right to meet with the testing laboratory personnel and with Vantage Group to explain their test results. These discussions will be considered confidential except that information disclosed in such tests will be communicated to personnel within Vantage Group or within the lab who need to know such information to make proper decisions regarding the test results or employment of the individual.

Retesting: Candidates may request a retest of the original urine sample within five working days after notification of the positive test result. This retest is at the expense of the candidate, unless the original test result is called into question by the retest.

Re-Application and Rehire: Individuals who are rehabilitated drug users or engaged in a supervised drug rehabilitation program and are no longer using drugs may be protected under the Americans with Disabilities Act. Therefore, Vantage Group will consider the applications of candidates who formerly tested positive for drugs if candidates can show evidence of rehabilitation and compliance within this policy.

Right to Review Records: Vantage Group will provide a copy of test results upon written request to candidates who test positive.

Confidentiality: All records concerning test results will be kept in medical files that are maintained separately from Vantage Group’s personnel files.

Reasonable Suspicion: Vantage Group reserves the right to send current employees for drug testing if there is reasonable suspicion. Reasonable suspicion testing maybe warranted if there is observable behavior that an employee maybe impaired while at work, this could include but not limited to signs of physical behavior, physical appearance, or a change in mental state.