

The Institute of Professional Practice, Inc.

538 Preston Ave
Meriden, CT 06450
203.317.2700

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EQUAL EMPLOYMENT: WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY OR GENDER EXPRESSION, MARITAL OR VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE, OR LOCAL LAWS.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMODATION UNDER THE TERMS OF THE AMERICANS WITH DISABILITIES ACT AND CERTAIN STATE OR LOCAL LAWS. PLEASE INFORM THE COMPANY'S HUMAN RESOURCE REPRESENTATIVE IF YOU NEED ASSISTANCE COMPLETING ANY FORMS OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS.

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number	Email Address	

Position Applying For:	Date of Application:
Hours Preferred: Full Time _____ Part Time _____	
Are you available for any shift? Yes _____ No _____ If no, explain:	
Shift Preference: 1st _____ 2nd _____ 3rd _____ Any _____	

	Yes	No
Have you previously applied to I.P.P.? If yes, date(s) _____	[]	[]
Have you previously worked for I.P.P.? If yes, dates and at what location _____ Please provide last name if different _____	[]	[]
Are any of your relatives or significant others presently employed by I.P.P.? If yes, provide name and relationship _____	[]	[]
Are you legally authorized to work in the U.S.?	[]	[]
Are you 18 years or older?	[]	[]
Do you have a valid driver's license?	[]	[]
If hired, do you have reliable transportation to get to work?	[]	[]

EDUCATION						
Type of School	Dates		Name and address of school	Major Course of Study	Graduate Yes/No	Diploma/Degree Earned
	From Mo/Yr	To Mo/Yr				
High School						
Undergraduate						
College						
Graduate						
Professional						
Other (Specify)						

List certifications, licenses, applicable courses and duties or training relevant to the position you are seeking, i.e., CPR, Med. Cert., Foreign Language.

WORK EXPERIENCE		
<p>Please answer all questions. Although you may attach your resume, please complete all sections and DO NOT WRITE "SEE RESUME." Start with your present or most recent job, and list all your work experience, including any military experience. If you need additional space, continue on a separate piece of paper.</p>		
PRESENT OR LAST EMPLOYER		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Reason for Leaving	
Supervisor		
Salary:		
May we contact this employer? Yes _____ No _____		
NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Reason for Leaving	
Supervisor		
Salary:		
May we contact this employer? Yes _____ No _____		

WORK EXPERIENCE (Continued)

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Reason for Leaving	
Supervisor		
Salary:		
May we contact this employer? Yes _____ No _____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Reason for Leaving	
Supervisor		
Salary:		
May we contact this employer? Yes _____ No _____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Job Title	Reason for Leaving	
Supervisor		
Salary:		
May we contact this employer? Yes _____ No _____		

What are your goals and how does this position fit in with your goals?

PROFESSIONAL REFERENCES

Please list **PROFESSIONAL REFERENCES ONLY**. You may include supervisors, clergy, professors, etc. Do not include co-workers, friends and relatives as we will not contact them to obtain a reference.

Name	Relationship	Address	Phone	Years Known

How did you hear about this Agency?

Newspaper Name _____ Dept. of Labor _____ Internet (site) _____
Career Fair (which?) _____ Other; (specify:) _____

Employee Referral: Name: (first) _____ (last) _____

STATEMENT

The following statement must be read and signed in order for your application to be considered.

I UNDERSTAND AND AGREE THAT:

The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application can be justification for refusal of employment, or, if employed, termination from I.P.P.

Any offer of employment I may receive is contingent upon my successful completion of I.P.P.'s total pre-employment screening process, including, but not limited to, I.P.P.'s receiving references that it considers satisfactory, receipt by I.P.P. of a satisfactory background investigation, and my satisfactory completion of the required post-offer drug and alcohol screening.

If employed, I will comply with the policies, rules, regulations and procedures of I.P.P., and understand that my employment and compensation is "at will" and can be terminated with or without cause or notice, at any time, at the option of I.P.P. or myself. I.P.P. reserves the right to add, amend or discontinue any policies, practices, procedures, benefits and services at any time.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

Name (Please Print)

Signature

Date

AUTHORIZATION AND RELEASE

I hereby authorize Information Management Systems, Inc., on behalf of The Institute of Professional Practice, Inc. (IPP), or IPP itself, to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record, or mode of living. This authorization is effective whether I am now seeking employment with IPP or I am now currently employed with IPP. This report may be compiled with information from court records, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, law enforcement agencies, credit reporting agencies and any other source required to verify information that I have voluntarily supplied or to provide information relevant to my employment by IPP. I authorize all such sources to provide information to Information Management Systems, Inc., or IPP. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

A photocopy of this authorization shall be as valid as the original.

Name (Please Print)

Signature

Other Name (if applicable)

Date of Birth (For Identification Purposes Only)

Driver's License Number

State

Date

Address for past seven years and length of residency:

Street

City

State

Zip

Years/Months

Street

City

State

Zip

Years/Months

Street

City

State

Zip

Years/Months

Street

City

State

Zip

Years/Months

Street

City

State

Zip

Years/Months

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING NOTICE

I freely and voluntarily agree to submit to a drug screening as part of my application for employment. I understand that either refusal or a positive test result for illegal drugs or controlled substances will render me ineligible for employment. I also understand that adulterated specimens will be treated as a positive test result. If I am taking prescription or over-the-counter medicines, I will advise the Occupational Health Provider of what medicines are being taken.

I have read in full and understand the above statements and conditions of employment. I also understand that I will be provided a copy of any positive test results at the address indicated below.

Name (Please Print)

Signature

Date

Address:

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

HIPAA Compliance
(Health Insurance Portability and Accountability Act)

Has a complaint of breach of confidentiality against you ever been substantiated (HIPAA Compliance)?

/_/_/ Yes – if so, explain below

/_/_/ No

Name (Please Print)

Signature

Date

If yes above, explanation: _____

Consent to Request Consumer Report Information

I understand that The Institute of Professional Practice, Inc. will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, The Institute of Professional Practice, Inc. may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act, as well as a summary of my rights under Connecticut law.

I understand if I disagree with the accuracy of any information in the report, I must notify The Institute of Professional Practice, Inc. within five business days of my receipt of the report. If I notify The Institute of Professional Practice, Inc. within five business days of the receipt of the report that I am challenging information in the report, The Institute of Professional Practice, Inc. will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize The Institute of Professional Practice, Inc. to procure a report on my background as stated above from a consumer reporting agency.

Name (Please Print)

Signature

(Date)

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, The Institute of Professional Practice, Inc. (IPP) may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that, for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living. Upon written request, additional information as to the nature and scope of the Report, if one is made, will be provided, in the event the Report contains information regarding your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

Name (Please Print)

Signature

Date

ADDENDUM TO EMPLOYMENT APPLICATION

1. Have you ever been convicted of a crime? (A conviction will not necessarily be a bar to employment.)

Yes _____ No _____

If you answered "yes," please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation.

Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a criminal charge that has been dismissed or nolle; (d) a finding you are not guilty for a criminal charge, or (e) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Name (Please Print)

Signature

Date

Voluntary Self Identification Form

The Institute of Professional Practice, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, The Institute of Professional Practice, Inc. invites employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Date: _____

Position applied for: _____

I do not wish to furnish this information: _____

GENDER _____ **Male** _____ **Female**

RACE/ETHNICITY: Please respond to the following questions:

1. Are you **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)? Yes ___ No ___.

If you checked "Yes" to Question 1, please do not proceed further. If you checked "No," please proceed to Question 2.

2. Do you identify with **Two or More Races (Not Hispanic or Latino)** as defined below? Yes ___ No ___.

If you checked "Yes" to Question 2, please do not proceed further. If you checked "No," please proceed to Question 3.

3. Please select one of the following race designations as defined below.

___ **White (Not Hispanic or Latino) White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** -A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

___ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.