

230 Caroline Street  
 Derby, CT 06418  
 P: (203) 732-0030  
 F: (203) 516-5489



340 Capitol Avenue  
 Bridgeport, CT 06606  
 P: (203) 873-0743  
 F: (203) 873-0745

# DISABILITY RESOURCE NETWORK, INC.

Employment Application <small>updated 5/2017</small>			
Applicant Information			
<b>Full Name</b>			
	First	Last	Middle Initial
<b>Address</b>			Suffix (Sr/jr)
	Street Address		Unit #
	City	State	Zip Code
<b>Contact</b>			
	Home Phone	Cell phone	Email
<b>Soc. Sec. #</b>		<b>Driver License #</b>	
<b>Are you a US citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date of Birth:</b>

Position Applying For			
<b>Position Applied For:</b>		<b>Date Available to Start the Position:</b>	
<b>Desired Wage:</b>	\$      Hourly	<b>Former employee? If yes, when?</b>	
<b>Days &amp; Hours Available</b>			
<b>Monday</b>		<b>How many hours total?</b>	
<b>Tuesday</b>		<b>Are you interested in occasional weekend or after program hours?</b>	
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

Education			
Type	Name of School	City & State	Degree & Grad. Year
<b>High School</b>			
<b>College</b>			

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Motor Vehicle History			
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your means of transportation to work?			
Driver's License #		State of Issue:	
Expiration Date:		Issue Date:	
Have you had any accidents in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any tickets in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History			
Please list your current employer and 2 previous places of employment.			
Current Employment:		Supervisor:	
Address:		Start Date:	
		Job Title:	
Phone Number:		Wage:	
Reason for Leaving:			
List the duties you performed/skills used.			
Previous Employer:		Supervisor:	
Address:		Start Date:	
		Job Title:	
Phone Number		Wage:	
Reason for Leaving			
List the duties you performed/skills used.			
Previous Employer:		Supervisor:	
Address:		Start Date:	

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		Job Title:	
Phone Number		Wage:	
Reason for Leaving			
List the duties you performed/skills used.			

3 References (Non-Family Members Preferred)				
Name		Phone #		Relationship
Name		Phone #		Relationship
Name		Phone #		Relationship

Additional Skills/Information				
Languages	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other
Can you also write proficiently in these languages?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please check off any of the computer programs listed below you can use:				
<input type="checkbox"/> Microsoft Word		<input type="checkbox"/> Intuit Quickbooks		
<input type="checkbox"/> Microsoft Excel		<input type="checkbox"/> Therap Services		
<input type="checkbox"/> Microsoft Power Point		<input type="checkbox"/> Other:		
Please check off any of the following you are <u>currently</u> certified in (we will need a copy!)				
<input type="checkbox"/> CPR/First Aid/AED		<input type="checkbox"/> PMT Training		
<input type="checkbox"/> DDS Med. Cert.		<input type="checkbox"/> Certified Nursing Assist.		
<input type="checkbox"/> CDL Driving		<input type="checkbox"/> Licensed Practical Nurse		

Disclaimer and Signature
<p>By signing this, I certify that all the information provided is true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>

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## **DISABILITY RESOURCE NETWORK, INC.**

By signing this, I acknowledge that DRN will undertake a criminal background check and may request a drug test for illegal drugs at any time. I acknowledge that my compliance with DRN policy regarding criminal history or drug use is a condition of my employment.

By signing, I acknowledge that my employment with DRN shall be probationary for 90 days and further that at any time my employment with DRN will be considered **at will** and may be terminated at will for any reason by either party.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### **Office Use Only**

**Notes on Applicant**

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