



Application for Employment

Please save this .pdf to your computer, fill out completely, hit save again, and email to: cci@cci-colorado.org

Community Connections' mission is to create opportunities for children and adults with intellectual and developmental disabilities to lead healthy and fulfilling lives within our community.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

Community Connections, Inc. is a drug free company. We conduct random drug and alcohol testing, probable cause/reasonable suspicion, and testing when injured while at work.

PERSONAL INFORMATION:

Today's Date:

First Name:

Last Name:

Middle Initial:

Are you over 18 years old?

Yes

No

Social Security Number:

Present Address:

City:

State:

Zip Code:

How many years have you lived at this address?:

Email:

Phone Number:

POSITION/JOB INFORMATION:

Position Applying For:

Rate of Pay Expected:

How did you hear about this job opening?



**There is more to me
than my disability.**
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Application for Employment (*continued*)

Availability: Full-Time Part Time

Shifts Available to Work: Days Evenings Nights

Day(s) Available to Work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If hired, on what date would you be able to start work?

Have you worked for us before? Yes No

If yes, under what name?

Are there any experiences or skills that you feel would especially qualify you for work with CCI?

Have you ever been convicted of a crime? Yes No

Are you presently charged with committing a crime? Yes No

If yes to either above question, please describe in full. *Please note: A criminal background check will be done prior to an employment offer. Convictions are not an absolute bar to employment. Consideration is given to the offense.

In the past 30 days, have you used any controlled substances that were not prescribed to you by a physician?
(CCI retains the option for drug testing) *

Yes No



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Application for Employment (*continued*)

LICENSES/CERTIFICATIONS/TRAINING/EXPERIENCE:

Drivers License Number:

License Class(es):

State Issued by:

Expiration Date:

Licenses and Certificates 1: (List any licenses or certificates below)

Professional/Specialty License Type:

State and/or Agency Granting License:

License Number:

License Expiration Date:

Licenses and Certificates 2:

Professional/Specialty License Type:

State and/or Agency Granting License:

License Number:

License Expiration Date:

Educational Background 1: (List any educational experience below)

Type of School:

High School

College

Post-Graduate

Business or Trade

Other

School Name:

School Address:

Year Graduated:

Course/Major/Degree:

Educational Background 2:

Type of School:

High School

College

Post-Graduate

Business or Trade

Other

School Name:

School Address:

Year Graduated:

Course/Major/Degree:



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Application for Employment (*continued*)

Current & Previous Employment 1:

Company Name:

Company Address:

Dates Worked:

Supervisor Name and Title:

Supervisor Phone Number:

May we contact your previous employer? Yes No

Your job title:

Hours per week worked?

Please list specific duties relevant to job for which applying:

Reason For Leaving:

Current & Previous Employment 2:

Company Name:

Company Address:

Dates Worked:

Supervisor Name and Title:

Supervisor Phone Number:



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Application for Employment (*continued*)

Current & Previous Employment 2: (*continued*)

May we contact your previous employer? Yes No

Your job title:

Hours per week worked?

Please list specific duties relevant to job for which applying:

Reason For Leaving:

Current & Previous Employment 3:

Company Name:

Company Address:

Dates Worked:

Supervisor Name and Title:

Supervisor Phone Number:

May we contact your previous employer? Yes No

Your job title:

Hours per week worked?

Please list specific duties relevant to job for which applying:



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Application for Employment (*continued*)

Current & Previous Employment 3: (*continued*)

Reason For Leaving:

In order to check your references, we need to know any other names you have used. Names/Aliases:

Period of Use:

Personal Reference 1 (*EXCLUDING FORMER EMPLOYERS OR RELATIVES*):

Name:

Occupation:

Address:

Phone:

Personal Reference 2 (*EXCLUDING FORMER EMPLOYERS OR RELATIVES*):

Name:

Occupation:

Address:

Phone:

Personal Reference 3 (*EXCLUDING FORMER EMPLOYERS OR RELATIVES*):

Name:

Occupation:

Address:

Phone:



Application for Employment (*continued*)

Person to be notified in case of accident or emergency:

Emergency Contact Address:

Emergency Contact Phone:

To assist us in finding the proper position for you at Community Connections, Inc. use the space below to summarize any additional information that would describe your qualifications.

I understand that any of the following will be sufficient for rejection of my application or termination of my employment: 1) False or deceptive information or omissions from the employment history in this application, 2) Unfavorable background or reference checks. I hereby authorize and request each and every former employer, person, firm, corporation and education institution to answer any and all questions that may be asked and hereby request and hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency. I understand that if hired I will be working at the will of Community Connections, Inc., and may be terminated at any time, there being no employment contract between us. I also understand that I am not obligated to work for Community Connections, Inc. for any specific period of time.

By signing your name below (or typing if this is an e-application) you are acknowledging the information you have provided is factual:

Enter FULL NAME here:

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with Community Connections, Inc. will be based only on your merit and no other consideration. By checking the below box I certify that I read carefully the above Applicant's Certification and Agreement.

Certification

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