



Central Naugatuck Valley  
**HELP, Inc.**

# Employment Application

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## Contact Information

Last Name

First Name

Middle Name

**Address** Street Name and  
Number

City

State

Zip  
Code

Primary Phone Number

Alt. Phone Number

E-mail

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Which position are you applying for?

Date of Application

How did you learn about us?

Details

Advertisement

Employment Agency

Relative

Friend

Inquiry

Other

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If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

If yes, provide date:

Yes

No

Have you ever been employed with us before?

If yes, provide date:

Yes

No

Do any of your friends or relatives work here?

Yes

No

Are you currently employed

Yes No

If yes, may we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or Immigration Status will be required upon employment*)

Yes No

Date available for work

What is your desired salary range?

Are you available to work:

Full-time

Part-time

Shift

1st Shift/ Morning

2nd Shift/ Afternoon

3rd Shift/ Evening

Are you interested in per diem work?

Yes No

What days are you available to work?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the requirements of the job for which you are applying, either with or without a reasonable accommodation?

Yes No

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Education

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**Graduate/ Professional** - Name of School

Years  
Completed?

Course of Study?

Diploma/ Degree

**Address** Street Name and Number City State Zip Code

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**Undergraduate College** - Name of School Years Completed?

Course of Study? Diploma/ Degree

**Address** Street Name and Number City State Zip Code

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**High School** - Name of School Years Completed?

Course of Study? Diploma/ Degree

**Address** Street Name and Number City State Zip Code

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**Other** - Name of School Years Completed?

Course of Study? Diploma/ Degree

**Address** Street Name and Number City State Zip Code

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Employment History

Employer Name

Start Date

End Date

Job Title

Supervisor

Work Performed

Reason for Leaving

**Address** Street Name and  
Number

City

State

Zip  
Code

Phone  
Number

Employer Name

Start Date

End Date

Job Title

Supervisor

Work Performed

Reason for Leaving

**Address** Street Name and  
Number

City

State

Zip  
Code

Phone  
Number

Employer Name

Start Date

End Date

Job Title

Supervisor

Work Performed

Reason for Leaving

**Address** Street Name and  
Number

City

State

Zip  
Code

Phone  
Number

Additional Information (Do Not Leave Any of the Fields Blank)

Summarize Special Job-related Skills, Training, Experience, and Qualifications

Specialized Skills/ Experience

PC/ Mac

Microsoft Office

Email

List Professional, Trade, Business, or Civic Activities or Offices Held

State Any Additional Information You Feel May Be Helpful to Us in Considering Your Application

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Applicant's Statement

I certify that answers provided herein are accurate and complete.

Yes

No

I authorize investigation of statements contained in this application for employment, understanding that this information may be necessary for employment decisions.

Yes

No

I understand that this application for employment shall be considered active for 90 days. Any applicant that would like to be considered for employment beyond this time needs to resubmit an employment application.

Yes

No

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

Yes

No

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Employer.

Yes

No

If selected for an interview, I acknowledge that I will provide a completed and hand signed copy of the "Disclosure and Authorization for the Release of Information" and the "References" forms, both of which can be downloaded from the agency's website.

Yes      No

I understand that my typewritten name below, with no signature on the line itself, is considered a signature.

Yes      No

Signature (Typed)

Date

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability sexual identity, citizenship status, genetic information or any other legally protected status.

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For HR Department Use Only

Arrange Interview

Yes      No

Remarks

Interviewer

Date

Employed

Date of Employment

Department

Yes      No

Job Title

Hourly Rate/ Salary

Name and Title

Date



Central Naugatuck Valley  
**HELP, Inc.**

**PAGE ONE**

**Central Naugatuck Valley Help, Inc.  
Application Addendum for  
PREA (Prison Rape Elimination Act)**

*This form must be completed by all prospective employees, interns, and volunteers.*

In order to comply with Federal law, specifically the Prison Rape Elimination Act (PREA) of 2003, in regards to incarcerated persons, including those clients residing in community confinement settings, it is required that the following questions be asked by CNV Help, Inc. and answered by each individual submitting an application for employment, volunteer work or internship opportunity.

As an applicant for a position that may have contact with community confinement clients, your answers to the following questions must be documented:

NAME (LAST, FIRST, MIDDLE)

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined by 42 U.S.C § 1997)?

Yes  No

Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes  No

Have you been civilly or administratively adjudicated to have engaged in the activity described above in question number two?

Yes  No

Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private)?

Yes  No

If yes, continue below.

If no, proceed to **Consent and Signature** on page 2

**Facility #1**

Facility Name

Address

Contact Person

Phone Number

Employment/Volunteer Dates

Position Held

**Facility #2**

Facility Name

Address

Contact Person

Phone Number

Employment/Volunteer Dates

Position Held

**YOU MUST REQUEST ADDITIONAL PAGES IF YOU HAVE WORKED IN MORE THAN TWO FACILITIES**

**Central Naugatuck Valley Help, Inc.**  
**Application Addendum for**  
**PREA (Prison Rape Elimination Act)**

*This form must be completed by all prospective employees, interns, and volunteers.*

**Consent and Signature**

**READ CAREFULLY BEFORE SIGNING**

*I certify that the information contained on both pages of this application addendum is true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment. I authorize CNV Help, Inc. to investigate obtain and compile information concerning my employment history, including a pre-employment background check and annual record review of myself, including any report of sexual abuse, sexual contact with or sexual harassment, of an inmate, detainee, resident of a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation facility, juvenile facility, or correctional facility(public or private) or report of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to consent. I release CNV Help, Inc. from any legal liability that may result from these investigations. I release any past employer or professional registry/licensing/agency from any legal liability and waive all provisions of law forbidding disclosure of any information they acquired relative to my employment, and investigations or administrative proceedings involving myself. I consent that via a copy of this application addendum, they may disclose such information to CNV Help, Inc. I understand that any offer of employment is conditional upon results of background checks.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Applied For