



Application for Employment

Community Renewal Team, Inc.
555 Windsor Street, Hartford, CT 06120-2418

Community Renewal Team, Inc. (CRT) is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, religious creed, national origin, ancestry, sex, age, disability, veteran status or sexual orientation or other legally protected status.

Please complete this application accurately and thoroughly. No question on this application is asked for the purpose of unlawfully limiting or excluding any applicant from consideration for employment due to race, color, religion, national origin, ancestry, marital status, sex, age, disability, veteran status or sexual orientation.

Your application for employment will remain active for sixty (60) days. During this time period your employment history and skills will be reviewed and evaluated by our staff. Your application is our main source of information concerning your qualifications. It is not possible to interview all applicants and, therefore, we ask that you be as specific as possible when completing this application. Please feel free to attach any information you consider useful in our selection of the most qualified applicant.

Personal information (Please print or type)

Last Name	First	Middle Initial	Other name(s) known by	Today's Date / /
Address		City	State	Zip
				Telephone Number ()

How did you hear about CRT? (i.e. employee, advertisement, relative, walk-in, other)
(list referral or advertisement source):

Are you under 18 years of age? ___ Yes ___ No Are you legally entitled to work in the U.S.? ___ Yes ___ No

-Have you previously been employed by CRT? ___ Yes ___ No
-If yes, give dates and position(s) held:

Are you on a lay-off and subject to recall? Yes No Date available for work: _____

-Have you previously served as a volunteer with CRT? ___ Yes ___ No
-If **yes**, give dates and area(s) of service:

List all friends, relatives or acquaintances who are currently employed by CRT: _____

-Position(s) Applied For: _____, _____, _____, _____			
-Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Shift Preferred:	Seeking:	Hours Available or Preferred:	Days Available:
<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> FT <input type="checkbox"/> Temporary		<input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sun
<input type="checkbox"/> Evening <input type="checkbox"/> Weekends	<input type="checkbox"/> PT <input type="checkbox"/> Seasonal		<input type="checkbox"/> Tues <input type="checkbox"/> Thurs <input type="checkbox"/> Sat
<input type="checkbox"/> Other _____	<input type="checkbox"/> Educational Co-op		

In answering the following questions you may omit any information or answer "no record" with regard to any conviction for which there is a sealed record on file with the Commissioner of Probation.

Do you currently have any pending criminal charges against you? Please circle one: YES NO If **yes**, give the dates and details:

Have you ever been charged or convicted of a felony or misdemeanor? Please circle one: YES NO If **yes**, give the dates and details of convictions: _____

Have you ever been discharged from or disciplined by a former or current employer? ___ Yes ___ No If **yes**, for what reason(s)? _____

An Equal Opportunity/AAP Employer

Education

High School (Name and City)		Attended (Yr. to Yr.)		Date Graduated	If GED, Date Received
College or Other Schools Attended	Location (City/State)	Attended (Yr. To Yr.)	Did You Graduate	Diploma or Degree	Course of Study
					Major Minor
					Major Minor
					Major Minor

Other Training Programs

Program Attended	Location (City/State)	Dates Attended	Certificate or Diploma Received

Academic Achievements

Indicate any academic honors you have received, the institutions that granted them to you and the date.

Employment (List current or most recent employer first. Please explain any gaps in employment history on a separate sheet.)

From (Month/Year)	Name and Address of Employer Name _____ Street _____ City/State/Zip _____	Immediate supervisor's name & telephone number
To (Month/Year)		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Salary		Status <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> Other
Title of Position Held		Reason for Leaving
List your principal duties or responsibilities.		

From (Month/Year)	Name and Address of Employer Name _____ Street _____ City/State/Zip _____	Immediate supervisor's name & telephone number
To (Month Year)		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Salary		Status <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> Other
Title of Position Held		Reason for Leaving
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