



The Groden Network

Your Autism Experts

401.274.6310 – www.grodencenter.org

Human Resource Department

610 Manton Avenue
 Providence, RI 02909
 Phone: (401) 274-6310
 Fax: (401) 421-1161

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate against any applicant because of race, color, ethnic origin, sex, national origin, disability, age, religion, marital or veteran status, sexual orientation, gender identity / expression or any other class protected by federal or state law.

The Groden Network is subject to the provisions of the Rhode Island and Massachusetts Workers' Compensation Acts.

The Groden Network is a smoke-free workplace.

THIS APPLICATION MUST BE COMPLETED IN FULL, EVEN IF A RESUME IS INCLUDED.

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

DATE OF APPLICATION: _____ EMAIL: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

POSITION

For what position are you applying? _____

On what date are you available to begin work? _____

Have you ever worked and/or applied to The Groden Network before? YES NO If YES, when? _____

Are you related to anyone that currently works or has worked for The Groden Network? YES NO

If YES, please specify name and relationship to you. _____

Are you authorized to work in the United States? YES NO
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

If you are under 18 years of age, can you provide a work permit? YES NO

I have read the Position Description and state that I am able to perform the essential functions required, with or without all reasonable accommodations.

YES NO Signature: _____

If NO, you may contact Human Resources to discuss and/or obtain a copy of the Position Description

EDUCATION

SCHOOL ATTENDED	SCHOOL NAME AND LOCATION	# of YEARS COMPLETED	GRADUATE Y/N	COURSES OF STUDY	
HIGH SCHOOL				<input type="checkbox"/>	DIPLOMA
				<input type="checkbox"/>	GED
COLLEGE				DEGREE:	
				MAJOR:	
GRADUATE SCHOOL				DEGREE:	
				MAJOR:	

EMPLOYMENT HISTORY *(Please list all current and previous employers starting with your most recent employer)*

EMPLOYER _____	DATES EMPLOYED	
YOUR POSITION/TITLE _____	FROM	TO
ADDRESS _____		
CITY, STATE, ZIP _____	HOURLY RATE/SALARY	
TELEPHONE NUMBER(S) _____	BEGINNING	ENDING
SUPERVISOR _____ TITLE _____		
REASON FOR LEAVING _____		
DESCRIBE YOUR RESPONSIBILITIES _____		

EMPLOYER _____	DATES EMPLOYED	
YOUR POSITION/TITLE _____	FROM	TO
ADDRESS _____		
CITY, STATE, ZIP _____	HOURLY RATE/SALARY	
TELEPHONE NUMBER(S) _____	BEGINNING	ENDING
SUPERVISOR _____ TITLE _____		
REASON FOR LEAVING _____		
DESCRIBE YOUR RESPONSIBILITIES _____		

EMPLOYER _____	DATES EMPLOYED	
YOUR POSITION/TITLE _____	FROM	TO
ADDRESS _____		
CITY, STATE, ZIP _____	HOURLY RATE/SALARY	
TELEPHONE NUMBER(S) _____	BEGINNING	ENDING
SUPERVISOR _____ TITLE _____		
REASON FOR LEAVING _____		
DESCRIBE YOUR RESPONSIBILITIES _____		

REFERENCE SECTION

Are you presently employed? YES NO If NO, when was your last day worked? _____
 If YES, may we contact your present employer? YES NO

NAME _____ TITLE _____
 COMPANY _____ WORK PHONE _____
 RELATIONSHIP _____ YEARS KNOWN _____ HOME PHONE _____

NAME _____ TITLE _____
 COMPANY _____ WORK PHONE _____
 RELATIONSHIP _____ YEARS KNOWN _____ HOME PHONE _____

HOW DID YOU HEAR ABOUT US? *(Tell us how you heard about The Groden Network) Check and complete all that apply.*

- ADVERTISEMENT - *Please list publication name and date.*
- INTERNET - *Which web-site?*
- GRODEN NETWORK TEAM MEMBER - *Tell us who - so we can thank them!*
- EMPLOYMENT AGENCY - *Please provide name of the agency.*
- OTHER SOURCE - *Please tell us!*

PROFESSIONAL ASSOCIATIONS & ORGANIZATIONS

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SPECIAL COMPETENCIES/CERTIFICATIONS/LICENSES/LANGUAGES – Indicate Proficiency
(include number & expiration date)

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EMERGENCY CONTACTS

NAME	<u>PHONE NUMBER(S):</u>
RELATIONSHIP	HOME
	CELL
NAME	<u>PHONE NUMBER(S) :</u>
RELATIONSHIP	HOME
	CELL

Have you ever been indicated in a Child or Patient Abuse Investigation? YES NO

[You may be required to complete a DCYF Child Abuse/Neglect (CANTS) clearance request authorizing us to obtain child abuse and neglect data.]

If YES explain in detail: _____

VERIFICATION STATEMENT

I certify that the answers provided above are true and complete to the best of my knowledge. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge.

I also understand the following conditions:

- (A) I will report any future convictions while employed by The Groden Network;
- (B) **I understand that nothing contained in this employment application or in the granting of an interview is intended to create any employment contract between The Groden Network, and myself for either employment or for the providing of any benefit. No promise or guarantee regarding employment has been made to me. If an employment relationship should be established, I understand that it will be an at-will relationship. An at-will relationship means that employment with The Groden Network has no fixed years and can be terminated by myself or The Groden Network at any time for any reason at all.**

I hereby acknowledge that I have read the above statement and understand it.

Signature of Applicant _____

Date ____

The Groden Network considers all applicants for all positions without regard to race, color, ethnic origin, sex, national origin, age, disability, religion, marital or veteran status, sexual orientation, gender identity / expression or any other legally protected status.

AFFIRMATIVE ACTION SELF-IDENTIFICATION FORM

To All Applicants:

The Groden Network has adopted affirmative action programs with regard to employment opportunities for qualified individuals who are female, members of minority groups, disabled persons, disabled Veterans, and Protected Veterans. Please assist us in implementing these programs by providing the information requested below. (*Definitions of the categories are listed below*)

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for affirmative action purposes and for equal opportunity/affirmative action record keeping and reporting required by law. The information you provide is also confidential and will be maintained in the limited access portion of your personnel file, except that, in the case of disabled Veterans and other disabled individuals,

- (1) Supervisors and managers may be informed regarding any restrictions on work or job duties and necessary accommodations and
- (2) Safety and health care personnel may be informed, where appropriate, if the condition might require emergency treatment.

Check One:

Male Female

Check One of the Following: (Ethnic Origin)

White Hispanic or Latino American Indian/Alaskan Native
 Black or African American Asian, not Hispanic or Latino Other _____
 2 or more races, not Hispanic or Latino Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Check If Any of the Following Are Applicable:

Recently Separated Veteran Disabled Veteran Armed Forces Service Medal Veteran
 Active Duty Wartime/Campaign Badge Veteran Disabled Individual

If you are a disabled veteran or other disabled person, it would assist us if you would tell us about:

- (1) Any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability; and
- (2) Whether or not you may require some type of accommodation in the job for which you are applying.

Signature: _____

Date: _____

Print Name: _____

FEDERAL GOVERNMENT DEFINITIONS OF AFFIRMATIVE ACTION CATEGORIES

White (not Hispanic or Latino): 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.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

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) who maintain tribal affiliation or community attachment.

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.

Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above races.

Disabled Individual: A person who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, (2) has a record of such impairment, or; (3) is regarded as having such impairment. A disability is substantially limiting if it is likely to cause the person difficulty in securing, retaining or advancing in employment.

Disabled Veteran: A Veteran of the U.S. military ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veterans Affairs' or a person who was discharged or released from active duty because of a service-related disability.

Recently Separated Veteran: Any Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime/Campaign Badge Veteran: A Veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: A Veteran who, while serving on active duty in the U.S. military, ground, naval, or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.