



MARCH, Inc. of Manchester
 222 McKee Street
 Manchester, CT 06040
 ☎ 860.646.4446

EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of MARCH, Inc. of Manchester.

MARCH, Inc. of Manchester is an equal opportunity employer.

(PLEASE PRINT IN INK)

Date of Application: ____/____/____

Position(s) Applied For: ☐ Supportive Instructor ☐ Support Manager ☐ Residential Supervisor ☐ Other: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____ **Unit/Apt/Floor:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Home Phone:** _____ - _____ - _____

Cell Phone: _____ - _____ - _____ **Email:** _____ @ ☐ gmail.com ☐ yahoo.com ☐ _____

How did you hear about us? ☐ Job website: _____ ☐ MARCH Website ☐ Employment Agency

☐ Current Employee: _____ ☐ Other: _____

Are you legally eligible to work in the United States? (*Proof of eligibility will be required if hired.*) YES ☐ NO ☐

Are you over the age of 18 years? (If no, you may be required to provide authorization to work.) YES ☐ NO ☐

AVAILABILITY

Type of employment desired: ☐ Full-time ☐ Part-time **Date available to start:** ____/____/____

Work schedule: Check all for which you are available.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>	EARLY MORNING <input type="checkbox"/>
DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>	DAY <input type="checkbox"/>
EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>	EVENING <input type="checkbox"/>
OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>	OVERNIGHT (ASLEEP) <input type="checkbox"/>
OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>	OVERNIGHT (AWAKE) <input type="checkbox"/>

Towns you are available to work in: (check all apply) ☐ Manchester ☐ Vernon ☐ Willimantic Area

What salary or rate of pay do you expect to receive if employed? _____ per _____

Are you currently certified by the State of Connecticut to administer medications? YES ☐ NO ☐

EMPLOYMENT HISTORY

Begin with current or most recent employer. Include any applicable temporary or volunteer employment.

Company Name _____

Address _____ Phone _____ - _____ - _____

Job Title _____ Supervisor _____

Dates Employed: From ____/____/____ To ____/____/____ Pay Rate: Start _____ End _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES ☐ NO ☐

Company Name _____

Address _____ Phone _____ - _____ - _____

Job Title _____ Supervisor _____

Dates Employed: From ____/____/____ To ____/____/____ Pay Rate: Start _____ End _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES ☐ NO ☐

Company Name _____

Address _____ Phone _____ - _____ - _____

Job Title _____ Supervisor _____

Dates Employed: From ____/____/____ To ____/____/____ Pay Rate: Start _____ End _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES ☐ NO ☐

Please describe any other experience you have had which may be relevant to the position for which you are applying:

Have you ever been fired or asked to resign from a job? YES ☐ NO ☐

If yes, please explain: _____

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EDUCATION

	Name and Location of School	Course of Study or Major	Did You Graduate?	Diploma/ Degree/GED
High School				
College				
Graduate				
Vocational				
Other				

Describe any specialized training, apprenticeships, licenses, or skills that would be of benefit in this job:

Please explain any gaps in your employment history:

GENERAL QUESTIONS

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)? YES ☐ NO ☐

NOTE: This question is not designed to request information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed later, to the extent permitted by law.

If they have been explained to you, are you able to meet the attendance requirements of the position? YES ☐ NO ☐

Have you submitted an application here before? YES ☐ NO ☐

If yes, please give date and position: _____

Have you been employed here before? YES ☐ NO ☐

If yes, please give dates: _____

Are you related to anyone employed by MARCH, Inc.? YES ☐ NO ☐

If yes, please give the employee’s name and relationship to you: _____

Please provide your driver’s license number, if driving is required for this job.

State: _____ **Number:** _____

APPLICANT STATEMENT:

I certify that my answers to all questions are true, complete, and correct. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application or during the pre-employment process may be grounds for my immediate termination.

I hereby authorize my present and past employers and schools, as well as any other individuals whom I have named as references, to furnish this employer with records of my employment and educational background, and I release them from any liability in responding to inquiries in connection with my application.

I understand that this application is considered current for 90 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that if an offer of employment is made to me, it will be contingent upon satisfactory completion of a background check.

I understand that employment with this employer is at-will. Both MARCH, Inc. of Manchester and the employee have the absolute right to terminate the relationship at any time, with or without good cause and with or without notice. No representative of the Agency has the authority to enter into any agreement for employment for any specific time or to make any agreement contrary to established Agency policies or practices, unless it is in writing and signed by the Executive Director.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States as required by federal immigration laws.

I understand that Supportive Instructors are represented by Union 1199, and that if employed as a Supportive Instructor, I will be required to join Union 1199.

If employed, I understand that MARCH, Inc. may conduct a random drug test at any time.

Applicants Whose Criminal Records Have Been Erased: The applicant is not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o, or 54-142a. Criminal records subject to erasure pursuant to Section 46b-146, 54-76o, or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o, or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

I certify that I have read, fully understand, and accept all terms of this Applicant Statement.

Signature_____Date____/____/_____

DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, reassignment, discipline, or other employment actions, MARCH, Inc. of Manchester ("the Company") may request and rely upon one or more "consumer reports" or "investigative consumer reports" about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. These reports may include written, oral, or other communications of any information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; such information may be obtained through personal interviews with such sources as your prior employers, neighbors, friends, and associates. Such information may include, for example, credit information, criminal history reports, driving records, social security verification, verification of your education and employment history, and other background checks. You are entitled, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by a consumer reporting agency. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION

I have read and understand the foregoing DISCLOSURE and the accompanying SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and I authorize MARCH, Inc. of Manchester to obtain and rely upon consumer reports or investigative consumer reports at any time after receipt of this authorization and throughout my employment, if applicable. By my signature below, I authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Intellicorps Records, Inc., on behalf of the Company, or by the Company itself. I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Signature _____ **Date** ____/____/____

PERSONAL DATA

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____ **Unit/Apt/Floor:** _____

City: _____ **State:** ____ **Zip Code:** _____ **Dates Lived Here** _____

Addresses for the Past Seven Years: (include street, city, state, zip code) **Dates of Residence**

Other Names Used (including maiden name) **Years Used**

Driver's License State and # _____ **SSN** ____ - ____ - ____

Email Address _____ **Date of Birth** ____/____/____

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Drive, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicom.:7et.

VOLUNTARY EEO INFORMATION

MARCH, Inc. of Manchester is an Equal Opportunity Employer. The federal government requires us to collect the information requested below for periodic reporting. It also is used to help us improve our recruiting programs. Please be aware that, as an applicant, you are not required to provide this information, and any information you do provide will be treated confidentially and will be stored separately from your application and other documents used to make employment decisions. If you choose not to provide this information, your decision will not affect your application. Thank you for your cooperation.

Name: _____

Ethnicity:

- ☐ Choose not to disclose
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latin

Race (You May Choose More than One):

- ☐ Choose not to disclose
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White

Gender:

- ☐ Choose not to disclose
- ☐ Female
- ☐ Male

Signature _____ **Date** ____/____/____

Definitions

Ethnicity

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

Race

- American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America Including Central America), and who maintains tribal affiliation or community attachment.
- Asian: 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.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- White: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

SUPPORTIVE INSTRUCTOR JOB DESCRIPTION

Under the direction of the Support Manager, provides direct assistance and support to the men and women MARCH supports. The Supportive Instructor must be able to effectively work with or without direct supervision, work cooperatively within a team setting, handle crisis situations calmly and professionally and interact with others in a courteous and professional manner. Must be able to adapt to the flexible nature of the job and work in a busy and fast paced environment.

Primary Responsibilities

- Provide consistent and respectful support and encouragement to each person supported in all areas of their lives. Promote personal choice and treat all individuals in an age appropriated manner and assist each to become as independent and confident in themselves and their skills as possible.
- Provide daily instruction and assistance in accordance with each person's individual need, including, but not limited to:
 - a. Meal planning and preparation/menus and dietary guidelines followed.
 - b. Leisure time planning and development of hobbies.
 - c. Medication administration
 - d. Money management and making purchases of personal items.
 - e. Transportation
 - f. Home maintenance
 - g. Personal hygiene
 - h. Personal appointments, medical appointments and social commitments
- Throughout employment successfully meet and maintain the requirements of all certifications and training as established by regulatory bodies and MARCH, Inc. policies and procedures.
- Attend and participate in required staff meetings.
- Work cooperatively and professionally with support managers, co-workers, administrative personnel, community providers and DDNCS nurses.
- Read all daily communications, keep updated on relevant issues and communicate problems/ concerns involving those supported in the program to the support manager.
- Complete all necessary documentation while on shift to include, but not limited to, behavior plans, individual's goals, financial records, communication log, nursing log, incident reports and medication kardex.
- Ensure confidentiality of house and agency issues and people supported by the agency.
- Provide necessary support/ treatment and documentation for unusual incidents.
- Provide emergency coverage as needed.
- Responsibly manage and record house petty cash and each individual's money according to MARCH policy.
- Maintain positive and diplomatic relationships with families, advocates and friends of the people supported by the agency.
- Provide transportation for individuals using a MARCH vehicle is clean and MARCH vehicle policies and procedures are followed.
- Demonstrated knowledge of emergency procedures and respond appropriately as needed.
- Perform other related duties as requested by the Support Manager and administrative personnel.
- Ability to lift 50 pounds.
- Ability to bend, reach, stand, push, and pull.

Qualifications

Must have graduated from high school or earned a GED. Experience working with people who are developmentally disabled preferred.

Job Specifics

Wage: \$12.00 per hour on duty/ \$10.10 per hour on call

Hours: To be determined upon hire.

Benefits: 40 Hours- Full time benefits per personnel policies.

<40 hours- Benefits based on number of hours scheduled, per personnel policies.

MARCH, Inc. of Manchester is an equal opportunity employer. It is the policy of MARCH, Inc. to recruit, select and employ the best qualified person on the basis of their merit and effectiveness without discrimination as to their national origin, race, sex, age, marital status, physical disability or other discriminatory standards