



**GILEAD COMMUNITY SERVICES, Inc.**  
**222 Main Street Extension, Middletown, CT 06457 – (860)343-5300 – Fax (860)343-5319**

**EMPLOYMENT APPLICATION**

Gilead Community Services, Inc. is an Equal Opportunity Employer. Gilead will not make employment decisions on the base of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry or disability, except in the case of a bona fide occupational qualification. Gilead safeguards all personal information (including Social Security Number) as indicated on our website at [www.gileadcs.org](http://www.gileadcs.org).

**GENERAL**

Name (Last)	(First)	(Middle)	Date of Application
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Present Address (Street, City, State, Zip Code)	Phone (Home): Phone (Cell): Email:
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Have you previously Worked for Gilead ( ) Yes ( ) No	If yes, Dates of Employment 1) 2)	Program	Position
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If hired, can you provide proof of citizenship or legal right to work? ( ) Yes ( ) No

Have you ever been convicted of any criminal offense other than minor traffic violations? ( ) Yes ( ) No. If yes, please explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.

**POSITION**

Position applying for:	Source of referral:
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Date available:	Availability ( ) Full-time ( ) Part-time ( ) Per-Diem	Salary expected:
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Preference of work site (check all that apply)

Chester (Adult only)	Clinton (Adult only)	Middletown (Adult only)
Saybrook (Adolescent only 14-21)	Middletown (Adolescent only 14-21)	Administration
Cromwell (Adolescent only 14-21)		

Most of our program staff work at least one weekend day. List hours and/or days that you are **NOT** available to work:

**EMPLOYMENT RECORD**

Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Employer		Last Supervisor's Name		May we contact this supervisor Yes No Not at this time

Address (Street, City, State, Zip Code)	Phone:
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Position Description

Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Employer		Last Supervisor's Name		May we contact this supervisor Yes No Not at this time

Address (Street, City, State, Zip Code)	Phone:
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Position Description

