



# APPLICATION FOR EMPLOYMENT (2025)

## *SEABIRD ENTERPRISES, INC.*

### *Equal Opportunity Employer*

It is the policy of Seabird Enterprises, Inc. to provide equal opportunity without regard to race, color, sex (including pregnancy, sexual harassment, sexual orientation, transgender status, gender identity or expression), genetic information, age, physical disability, learning disability, mental disability, intellectual disability, religion, national origin, citizenship status, ancestry, marital status, civil union status, veteran status, or any other criteria protected under applicable federal, state or local law. All questions must be answered and application signed.

Last Name	First	Middle I.	Date
Current address:  Street Address, City, State, Zip        E-Mail Address			Home Phone
			(     )     -
			Mobile/Cell Phone
			(     )     -
Addresses for the past three years, if different from above:           Street Address, City, State, Zip           Street Address, City, State, Zip           Street Address, City, State, Zip           			Business Phone
			(     )
When is the best time to reach you? _____ A.M.    _____ P.M.			May we contact you at work?

Have you ever worked for Seabird Enterprises, Inc.? _____ Yes    _____ No	If Yes, indicate your dates of employment and your reasons for leaving employment:						
Position Desired	Pay Desired						
Can you furnish proof of your right to work in the U.S.A.? _____ Yes    _____ No	When will you be available to work?						
Driver's License Number: _____ Special Endorsements: _____ Yes    _____ No If Yes, please describe  CDL _____ Yes    _____ No If Yes, please describe	Have you ever been bonded?  _____ Yes    _____ No						
Are you at least 21 years of age?    _____ Yes    _____ No Can you furnish a Statement of Age/Working Paper as appropriate? _____ Yes    _____ No							
If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties?							
Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Total Hours Available per Week: _____ Would you work:    _____ Full-Time    _____ Part-Time    _____ Seasonal    _____ Temporary Are you willing to work overtime, when and as required?    _____ Yes    _____ No Are you willing to relocate? _____ Yes    _____ No    Are you willing /able to travel? _____ Yes    _____ No							
<b>Smoking shall be prohibited in all Seabird Enterprises, Inc. owned properties.</b>							

## Educational Background

School	Name and location of School	Grade Point Average or Class Rank	Course of Study	Number of Years Completed	Did You Graduate	Degree or Diploma
High School					Yes____ No ____	
College					Yes____ No ____	
Other Education					Yes____ No ____	

Are you going to school now? \_\_\_\_ Yes \_\_\_\_ No If Yes, where \_\_\_\_\_

\_\_\_\_ Day Classes \_\_\_\_ Night Classes

Have you completed any apprentice programs? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please indicate what programs \_\_\_\_\_

## Employment History

Seabird Enterprises, Inc. reserves the right to contact prior and current employees. Please give accurate, complete, full-time and part-time employment record for the past three (3) years. Start with your present or most recent employer. Include military experience if applicable. Do not indicate "see resume."

<b>1</b> Company Name and Mailing Address	Phone (      )
Job Title and Name of Supervisor	Employed (Month and Year) From                      To
Describe your work	
Reason for Leaving	

<b>2</b> Company Name and Mailing Address	Phone (      )
Job Title and Name of Supervisor	Employed (Month and Year) From                  To
Describe your work	
Reason for Leaving	

<b>3</b> Company Name and Mailing Address	Phone (      )
Job Title and Name of Supervisor	Employed (Month and Year) From                  To
Describe your work	
Reason for Leaving	

<b>4</b> Company Name and Mailing Address	Phone (      )
Job Title and Name of Supervisor	Employed (Month and Year) From                  To
Describe your work	
Reason for Leaving	

**5** References (List the name, address and telephone number of three personal and three business/work references who are not related to you and are not previous supervisors).

Personal References:	Address	Telephone
1.		
2.		
3.		

Work-Related References:	Address	Telephone
1.		
2.		
3.		

## **6** Job Related Skills

Please check the qualifications you have and indicate your expiration date.

Valid C.P.R. Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Valid First Aid Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Valid Motor Vehicle License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Sexual Abuse Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken: _____
Physical Management Training (D.M.R. Course)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken: _____
Blood Borne Pathogens/Hep B Inservice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Taken: _____

**7** Please indicate any other relevant training and/or experience you have that is not listed above

**8** Please list any relevant work and/or volunteer experience.

**9** Please list any special skills, training, interest or hobbies.

**10** Please list below if you are fluent in any language other than English.

**DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST**

Please be advised that prior to making a decision regarding your hire, Seabird Enterprises, Inc. intends to conduct a urinalysis drug test as part of the application process if required by your job duties and responsibilities. The urinalysis drug test will be conducted in accordance with Connecticut General Statutes §§ 31-51u et seq. The urinalysis drug test will be performed using a reliable methodology. A positive test result will be confirmed by a second urinalysis drug test, which is separate and independent from the initial test, utilizing a gas chromatography and mass spectrometry methodology or a methodology which has been determined by the Commissioner of Public Health to be as reliable as or more reliable than the gas chromatography and mass spectrometry methodology. You will be given a copy of any positive urinalysis drug test result. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records and shall be subject to the privacy protections provided for in Connecticut General Statutes §§ 31-128a to 31-128h, inclusive. Such results shall be inadmissible in any criminal proceeding.

I certify by my signature below that I have read and reviewed the “Disclosure and Acknowledgement of Intent to Conduct Drug Test,” and I understand that I will be required to submit to a drug test as part of the application process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature:

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

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING PROOF OF  
AUTHORIZATION TO WORK IN THE UNITED STATES**

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I certify by my signature below that I understand that an offer of employment and my continued employment are contingent upon satisfactory proof of my authorization to work in the United States.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING  
CRIMINAL HISTORY CONVICTION INFORMATION REQUEST**

I certify by my signature below that I understand that if I am offered and accept employment, a criminal history conviction information request shall be submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**\*Note:** 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 Sections 46b-146, 54-76o or 54-142a.

These criminal records subject to erasure pertain to a finding of delinquency or a child's being a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, 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 these rules shall not have been considered arrested within the meaning of the Connecticut General Statutes with respect to the erased proceedings and may so swear under oath.

Conviction of a crime will not necessarily disqualify you from the job for which you are applying.

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING  
DRIVING HISTORY INFORMATION REQUEST**

I certify by my signature below that I understand that if I am offered and accept employment, a driving history information request shall be submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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



**DISCLOSURE AND ACKNOWLEDGMENT REGARDING**  
**AUTHORIZATION TO CONTACT PRIOR AND CURRENT EMPLOYERS**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, Seabird Enterprises, Inc. may obtain information about you from a prior or current Employer.

By signing this notice you are acknowledging receipt and review of this disclosure.

By signing this notice you are also authorizing Seabird Enterprises, Inc. or its affiliates or agents to obtain information/opinions about you, from prior or current employers, at any time prior to or during your employment with Seabird Enterprises, Inc. or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

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

**(A photocopy of this authorization is to be accepted as an original.)**

## Signature Page

I certify that the information given herein is true and complete to the best of my knowledge. I further acknowledge that falsification and/or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a position.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

**I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release Seabird Enterprises, Inc. from liability for any inquiries made in connection with my application. I hereby also release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that if I am offered and accept a position, criminal history conviction information shall be submitted by Seabird Enterprises, Inc. to confirm the conviction information I have provided in this application. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.**

I also understand that any policies or procedures implemented by Seabird Enterprises, Inc. in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

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Signature

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Date

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Printed Name

**(A photocopy of this authorization is to be accepted as an original)**

## PROCESSING RECORD

Notes:

Position Offered:

Accepted:

Refused:

Confirmation Letter Sent: