



# Communication Advocacy Network

151 New Park Ave, Suite 15 D, Hartford, CT 06106

VP 866.225.0312/860.295.2327

## Application for Support Services Provider (SSP)

*Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.*

### PERSONAL INFORMATION:

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ VP \_\_\_\_ V \_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have updated and current auto insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

### AVAILABILITY:

Days/Hours Available: *Check all apply.*

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ **Hours Available:** From \_\_\_\_\_ To \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

### EDUCATION:

Name and Address of School	Degree/Diploma	Graduation Date

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Skills and Qualifications: *Please include licenses, skills, training and/or awards.*

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**EMPLOYMENT HISTORY:**

**Present or Latest Position:** \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Previous Position:** \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present/Previous Employers?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

*Name/Title/Address/E-Mail/Phone*

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

**Copies are included:**

- Resume
- Copy of Driver's License
- Copy of Auto Insurance Coverage
- Voided Check for Direct Deposit

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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

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