



Application for Employment

Instructions to Applicant: Read the detailed instructions on the first page of this application and on the position/job posting before completing this application form. Type or print answers to ALL questions.

SECTION 1: Personal and Contact Information

(Last Name) (First Name) (MI)

(Address Number, Street, Apt.) (City, State, Zip)

List other names you have used: _____

(E-mail Address)

(Primary Phone) OK to leave message? Yes No

(Alternate Phone) (Extension) OK to leave message? Yes No

SECTION 2: State Position/Job Posting

Job Title: _____ Job Posting Number: _____

Location: _____

SECTION 3: Applicant Certification

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Applicant Signature: _____ Date: _____

(Signature is required in order for your application to be considered)

Note: A typed name will substitute for a handwritten signature.

SECTION 4: Employment Preferences and Language Fluency

You are required to select one of the following:

I am a current State of CT employee

I am a former State of CT employee

I have never been a State of CT employee

If you are and/or were a State of CT employee, please enter your 6 digit employee ID number: _____

Name of current agency and/or last agency employed: _____

Are you lawfully permitted to work in the United States? Yes No

In which locations will you accept employment:



All Locations

Ansonia-Emmett O'Brien

Bridgeport-Bullard Havens

Bristol-Bristol T.E.C.

Danbury-Henry Abbott

Danielson-H.H. Ellis

Groton-E.T. Grasso

Hamden-Eli Whitney

Hartford-A.I. Prince

Hartford-CT Aero Tech

Manchester-Howell Cheney

Meriden-H.C. Wilcox

Middletown-Vinal

Milford-Platt

New Britain-E.C. Goodwin

Norwich-Norwich

Stamford-J.M. Wright

Stratford-Stratford Aviation

Torrington-Oliver Wolcott

Waterbury-W.F. Kaynor

Willimantic-Windham

Are you available for? Check all that are applicable:

Full-Time

Durational

Seasonal

Per Diem

Part-Time

Temporary

Internship

Available for shift preferences? Check all that are applicable:

First

Second

Weekends

Are you fluent in a language other than English? If required for the job for which you are applying:

SECTION 5: Education and Training

In order to receive educational credits toward qualification for the job posting, the institution must be accredited.

If the institution of higher learning is located outside of the United States, you are responsible for providing documentation from a recognized USA accrediting service which specializes in determining foreign education equivalencies. The responsibility for and the costs associated with obtaining this equivalency information rest with the applicant. If applicable, please email the document to the Recruiter listed in the job opening.

High School Education

Did you graduate from high school or receive a high school equivalency diploma (GED)?

Yes No

College and Graduate School Education

1. _____ (Name of School) _____ (Street Address, City, State and Zip)

Attended From: _____ (MM/YYYY) Attended To: _____ (MM/YYYY) _____ (Major and/or Minor)

Degree Earned: Yes No Attending # of Credits Earned: _____

Degree Type: Associate Bachelor Master Doctorate Law None

2. _____ (Name of School) _____ (Street Address, City, State and Zip)

Attended From: _____ (MM/YYYY) Attended To: _____ (MM/YYYY) _____ (Major and/or Minor)

Degree Earned: Yes No Attending # of Credits Earned: _____

Degree Type: Associate Bachelor Master Doctorate Law None

3. _____ (Name of School) _____ (Street Address, City, State, and Zip)

Attended From: _____ (MM/YYYY) Attended To: _____ (MM/YYYY) _____ (Major and/or Minor)

Degree Earned: Yes No Attending # of Credits Earned: _____

Degree Type: Associate Bachelor Master Doctorate Law None

Attach additional sheets (labeled with "Section 5 – continued" and include your name in upper right corner) if you attended more than three (3) colleges/universities.

SECTION 5: Education and Training (continued)Specialized Training or Classes Relevant to Job

1. _____ (Name of School Attended) _____ (City, State, Country)

Attended From: _____ (MM/YYYY) Attended To: _____ (MM/YYYY) (Type of degree or certificate earned)

2. _____ (Name of School Attended) _____ (City, State, Country)

Attended From: _____ (MM/YYYY) Attended To: _____ (MM/YYYY) (Type of degree or certificate earned)

SECTION 6: Licenses and Professional Certificates

Enter the required trade and professional licenses, certificates, or permits you possess applicable for this job. (e.g. law, nursing, psychology, plumbing, teaching, coaching, educational etc.)

1. Type: _____ Number: _____

Issued By: _____ Date Issued: _____ (MM/DD/YY) Expiration Date: _____ (MM/DD/YY)

2. Type: _____ Number: _____

Issued By: _____ Date Issued: _____ (MM/DD/YY) Expiration Date: _____ (MM/DD/YY)

3. Type: _____ Number: _____

Issued By: _____ Date Issued: _____ (MM/DD/YY) Expiration Date: _____ (MM/DD/YY)

4. Type: _____ Number: _____

Issued By: _____ Date Issued: _____ (MM/DD/YY) Expiration Date: _____ (MM/DD/YY)

5. Do you currently have a valid Motor Vehicle Driver's License (Class D)? Yes No

List any endorsement(s) to your Class D license: _____

6. Do you currently have a valid Commercial Driver's License (CDL)? Yes No

CDL Class: _____ Endorsement(s): _____

Last Name

First Name

SECTION 7: Work Experience/Employment History**Important Instructions**

- Please list **beginning with your most recent** position, all of your work experience including military service and all volunteer activities that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the opening.
- Please do not submit a resume in lieu of completing this portion of the application.
- Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.
- Failure to provide all of the REQUIRED information for each position may result in your application being disapproved.
- Although a resume may be attached, only jobs included in this section of the application form will be considered when determining if you meet the required minimum qualifications for the position for which you are applying.
- Please make sure to list each position held, even with the same employer.
- If you need additional space for the descriptions of your duties for one or more positions, attach an 8 1/2" x 11" sheet with your name and continue the descriptions of your duties, using the number sequence to identify which positions the duties belong to.

JOB 1 _____ Dates: From _____ To _____
 (Most Recent Job Title) (MM/YY) (MM/YY or Present)

 (Employer's Name) (Employer's Address)

 (Supervisor's Name) (Supervisor's Title) (Supervisor's Phone)

(Weekly Hours) **Yes No** _____ **Yes No**
Supervise Others (Number and Titles) **May We Contact Employer**

Reason for Leaving: _____

Job Duties

JOB 2 _____ Dates: From _____ To _____
(Job Title) (MM/YY) (MM/YY)

(Employer's Name) _____
(Employer's Address)

(Supervisor's Name) (Supervisor's Title) (Supervisor's Phone)

	Yes	No		Yes	No
(Weekly Hours)	Supervise Others		<u> </u>	May We Contact Employer	
			(Number and Titles)		

Reason for Leaving: _____

Job Duties

JOB 3 _____ (Job Title) _____ Dates: From _____ (MM/YY) To _____ (MM/YY)

(Employer's Name)

(Employer's Address)

(Supervisor's Name) (Supervisor's Title) (Supervisor's Phone)

	Yes	No		Yes	No
(Weekly Hours)	Supervise Others		_____	May We Contact Employer	
			(Number and Titles)		

Reason for Leaving: _____

Job Duties

JOB 4 _____
(Job Title)

Dates: From _____ To _____
(MM/YY) (MM/YY)

(Employer's Name)

(Employer's Address)

(Supervisor's Name) _____
(Supervisor's Title) _____
(Supervisor's Phone)

(Weekly Hours)	Yes Supervise Others	No Others	(Number and Titles)	Yes May We Contact Employer	No Contact Employer

Reason for Leaving: _____

JOB 5 _____ Dates: From _____ To _____
(Job Title) (MM/YY) (MM/YY)

(Employer's Name) (Employer's Address)

(Supervisor's Name) _____
(Supervisor's Title) _____
(Supervisor's Phone)

(Weekly Hours)	Yes Supervise Others	No	(Number and Titles)	Yes May We Contact Employer	No

Reason for Leaving: _____

Job Duties

SECTION 8: Voluntary Equal Employment Opportunity Information

To further its commitment to equal opportunity employment and meet State and Federal reporting requirements, the State of Connecticut requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel and will not be considered in the evaluation of your application.

A. GENDER

Female

Male

Decline to State

B. ETHNICITY

Hispanic or Latino

Not Hispanic or Latino

Decline to State

C. RACE

Please select from one of the following

American Indian or Alaskan Native: Origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment

Asian: Origins in any of the original peoples of the Far East, Southeast Asia the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

Black/African American (Non Hispanic): Persons having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander: Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHITE (Non Hispanic): Origins in any of the original peoples of Europe, the Middle East, or North Africa

Two or more races

Decline to State