



Office of Higher Education
450 Columbus Boulevard, Suite 707, Hartford, CT 06103-1841
Phone (860) 947-1800

Application for Employment

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

Personal and Contact Information

Last Name _____ First Name _____ Middle Initial _____

Address Number, Street, Apt. _____

City, State, Zip _____

List other names you have used – *Include last, first & middle initial* _____

E-mail Address _____

Primary Phone _____

OK to leave message?

Yes No

Alternate Phone _____

OK to leave message?

Yes No

State Position/Job Posting Title _____

Employment Preferences & Language Fluency

You are required to select one of the following

I am a current State of Connecticut employee

I am a former State of Connecticut employee

I have never been a State of Connecticut 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

Are you available for? *Check all that are applicable*

Full-time Part-time Durational Seasonal

Temporary Per Diem Internship

Available for shift preferences? *Check all that are applicable*

First Second Third Weekends

Are you fluent in a language other than English? Yes No

If Yes, please specify language and fluency

If required for the job for which you are applying

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 that 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.

Please be advised you may be required to provide validation of degree(s) earned and/or official transcripts at any time during the selection process.

High School Education

Did you graduate from high school or receive a high school equivalency diploma (GED)? Yes No

College and Graduate School Education

| | | |
|---------------------|-------------|--|
| Name of School | Major | Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending # of Credits Earned _____ |
| Street Address | Minor | |
| City, State and Zip | Degree Type | |

| | | |
|---------------------|-------------|--|
| Name of School | Major | Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending # of Credits Earned _____ |
| Street Address | Minor | |
| City, State and Zip | Degree Type | |

| | | |
|---------------------|-------------|--|
| Name of School | Major | Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending # of Credits Earned _____ |
| Street Address | Minor | |
| City, State and Zip | Degree Type | |

| | | |
|---------------------|-------------|--|
| Name of School | Major | Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending # of Credits Earned _____ |
| Street Address | Minor | |
| City, State and Zip | Degree Type | |

Specialized Training or Classes Relevant to Job

I have the following special training, certificates, licenses, etc. applicable for this job.

| | | | |
|---------------------------------|---------------------|--|--------------|
| Organization, Company, School | Street Address | | From Date |
| Program/Course/Type of Training | City, State and Zip | | To Date |
| Name of Certificate Earned | # of Credits Earned | Diploma/Cert. Earned <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Expires |

| | | | |
|---------------------------------|---------------------|--|--------------|
| Organization, Company, School | Street Address | | From Date |
| Program/Course/Type of Training | City, State and Zip | | To Date |
| Name of Certificate Earned | # of Credits Earned | Diploma/Cert. Earned <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Expires |

| | | | |
|---------------------------------|---------------------|--|--------------|
| Organization, Company, School | Street Address | | From Date |
| Program/Course/Type of Training | City, State and Zip | | To Date |
| Name of Certificate Earned | # of Credits Earned | Diploma/Cert. Earned <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Expires |

Licenses and Professional Certifications

Enter the required trade and professional licenses and certifications you possess.

| Type | Issuing Agency | License Number | Date Issued | Expiration Date |
|------|----------------|----------------|-------------|-----------------|
| | | | | |
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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

| | | | | |
|---|--------------------------------------|---|------------------------------|---|
| Official Job Title | | From | To | <input type="checkbox"/> Still employed |
| Name of Employer | Employer Address | | Employer City, State and Zip | |
| Supervisor's Name | Supervisor's Title | | Supervisor's Phone | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this position full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | Weekly hours worked |
| Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, # of employees you supervise | Job title(s) of those you supervise | | |
| Description of Primary Duties-Please provide a synopsis of the essential duties of this position. DO NOT ENTER "SEE RESUME" | | | | |

Job 2

| | | | | |
|---|--------------------------------------|---|------------------------------|---------------------|
| Official Job Title | | From | To | |
| Name of Employer | Employer Address | | Employer City, State and Zip | |
| Supervisor's Name | Supervisor's Title | | Supervisor's Phone | |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this position full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | Weekly hours worked |
| Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, # of employees you supervise | Job title(s) of those you supervise | | |
| Description of Primary Duties-Please provide a synopsis of the essential duties of this position. DO NOT ENTER "SEE RESUME" | | | | |

Job 3

| | | | |
|---|--------------------|---|-------------------------------------|
| Official Job Title | | From | To |
| Name of Employer | Employer Address | | Employer City, State and Zip |
| Supervisor's Name | Supervisor's Title | | Supervisor's Phone |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this position full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | |
| Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, # of employees you supervise | Job title(s) of those you supervise |
| Description of Primary Duties-Please provide a synopsis of the essential duties of this position. DO NOT ENTER "SEE RESUME" | | | |

Job 4

| | | | |
|---|--------------------|---|-------------------------------------|
| Official Job Title | | From | To |
| Name of Employer | Employer Address | | Employer City, State and Zip |
| Supervisor's Name | Supervisor's Title | | Supervisor's Phone |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this position full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | |
| Do you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, # of employees you supervise | Job title(s) of those you supervise |
| Description of Primary Duties-Please provide a synopsis of the essential duties of this position. DO NOT ENTER "SEE RESUME" | | | |

Applicant Certification

By signing or typing my name on the signature line below, I hereby certify 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 knowingly make any misstatement, misrepresentation, or omission of facts, I am subject to disqualification, not being considered further for or being terminated from employment 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.

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.

Gender Female Male Decline to state

Ethnicity Hispanic or Latino Not Hispanic or Latino Decline to state

- Race
- 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**