

CENTRAL CONNECTICUT HEALTH DISTRICT

APPLICATION FOR EMPLOYMENT

THE CENTRAL CONNECTICUT HEALTH DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION ON ANY BASIS PROHIBITED BY LAW.

This application constitutes a part of the examination process. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Reference to any attachments is not acceptable. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Your statements may be brief, but do not omit important information which may have relevance to the position.

POSITION APPLYING FOR: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town/City) (State) (Zip)

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Are you either a U. S. Citizen or otherwise legally eligible to work in the United States? Yes _____ No _____

Are you 18 years old or older? Yes _____ No _____

Based on the job description can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ State: _____ Operator's No. _____

Do you have a Commercial Driver's License? Yes _____ No _____ Operator's No. _____

Type of Employment Desired: (circle all applicable) Full Time Part Time Seasonal Temporary

EDUCATION:

Name of School Attended	Address	Did You Graduate?	Degree Awarded
High School/GED			
College			
Other			

MILITARY SERVICE (please provide a copy of your DD 214, if applicable): Yes _____ No _____

Branch	Dates Served	Type of Duty	Discharge rank

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your **most recent** employer. You must include **both the month and year** of employment. List all positions held. Include any applicable military and voluntary positions. If more space is required, use additional sheets arranged in the same manner. Attach such sheet at top of page.

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ to: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ to: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ to: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

REFERENCES: Give the names of at least three persons, other than relatives, to provide information about you and who are familiar with your character, job qualifications and work performance. Please provide **complete** mailing address, address, phone number and email address of each reference.

Name	Address	Phone/email	Relationship

SPECIALIZED TRAINING OR SKILLS: List any special qualifications or experience of note which you feel may qualify you for the position for which you are applying (include licenses, certifications, areas of research, professional memberships, seminars and special awards.)

COMPUTER SKILLS: List computer/software applications that you are proficient in.

ADDITIONAL INFORMATION:

To help us better evaluate your qualifications for this position please use this space to provide any additional information you deem important to more fully describe your qualifications.

Have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain: _____

CERTIFICATION: Please read the following and sign below where indicated.

1. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced.
2. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.
3. I give my consent to the District to check with personal references, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records.
4. I release the District, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
5. The acceptance of this application does not constitute an employment agreement. In the event I am employed by the District, I agree to comply with all of its orders, rules and regulations.
6. Proof of citizenship or employment eligibility in accordance with the Immunization and Reform and Control Act of 1986 will be required at time of appointment.
7. The District reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the District's Drug and Alcohol Testing Program.
I hereby acknowledge that I have read the above statements and understand them.

Signature

Date: _____

Please Print Name

How did you hear about this position?

- ____ Email notice from the Connecticut DPH
____ Newspaper/newsletter (name) _____
____ Website (name) _____
____ Professional association (name) _____
____ University or college (name) _____
____ Word of mouth
____ Other _____

-----DO NOT WRITE BELOW THIS LINE-----

COMPLETE ONLY IF HIRED BY THE DISTRICT:

"I certify that my completed application is truthful and accurate. I further certify that there have been no changes in the information provided on the application from the time of its completion to my date of hire."

Signature

Date: _____

CENTRAL CONNECTICUT HEALTH DISTRICT

Employment Application Supplement

(This insert must be completed and submitted with the application.)

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY
THE PERSON(S) MAKING THE HIRING DECISION.

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county or municipal law, other than a traffic violation?* Yes _____ No _____

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

*Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been “erased”. The types of records subject to erasure under Connecticut laws are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant Signature

Date

Applicant Name (Printed)

CENTRAL CONNECTICUT HEALTH DISTRICT

Voluntary Affirmative Action Questionnaire

Instructions: Each applicant for employment with the Central Connecticut Health District is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1. Position Applied For: _____
2. Sex: Female _____ Male _____
3. Age: 16 or less _____ 17 to 25 _____ 26 to 40 _____ 41 to 65 _____ 66 or older _____
4. Ethnic Group: White _____ Black _____ Hispanic _____
American Indian or Native Alaskan _____ Asian or Pacific Islander _____

I certify that the above information is correct. Please print legibly.

Name: _____ Date: _____

Signature: _____