
Last Name

First Name

MI

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 knowingly 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)

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

SECTION 4: STATE EMPLOYMENT HISTORY

(To be completed by current or former State of CT employees)

Are you a current State of Connecticut employee? Yes No If 'Yes': _____

6-digit Employee ID #

Official Job Class Title

Employing Agency, Department, College/University

If you are not a current State of Connecticut employee but worked for the State of Connecticut previously, did you leave State service within the past 10 years? Yes No

If 'Yes' complete dates of employment from: ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

Official Job Class Title at time of separation

Employing Agency, Department, College/University

Reason for leaving: _____

SECTION 5: APPLICANT EDUCATION

A. Primary and Secondary Education

Have you graduated from high school or received a high school equivalency diploma (GED)?

Yes

No

SECTION 5: APPLICANT EDUCATION (cont.)**B. College Education**

1.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

_____ Major Course of Study

_____ Major Course of Study (only if double major)

2.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

_____ Major Course of Study

_____ Major Course of Study (only if double major)

3.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

_____ Major Course of Study

_____ Major Course of Study (only if double major)

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

* - 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 you, the applicant.

** - In order to receive educational credit towards admittance to an examination, the institution must be recognized by the CT Department of Higher Education as an accredited institution (www.chea.org).

SECTION 5: APPLICANT EDUCATION (cont.)**C. Technical, Business or Other Education**

1.) _____
 Name of School Attended City State Country*

Dates of Attendance: From: ____/____/____ To: ____/____/____
 (MM/YYYY) (MM/YYYY) Type of degree or certificate earned

2.) _____
 Name of School Attended City State Country*

Dates of Attendance: From: ____/____/____ To: ____/____/____
 (MM/YYYY) (MM/YYYY) Type of degree or certificate earned

SECTION 6: REQUIRED LICENSES, CERTIFICATIONS, ET AL

1. Do you have any valid licenses or certificates which authorize you to practice a profession or trade? (e.g. law, nursing, psychology, plumbing, etc.) Yes No

If yes, please complete the following section:

A.) Type of License: _____ License #: _____ Issued By: _____

Date Issued: ____/____/____ Expiration Date: ____/____/____
 (MM/YY) (MM/YY)

B.) Type of License: _____ License #: _____ Issued By: _____

Date Issued: ____/____/____ Expiration Date: ____/____/____
 (MM/YY) (MM/YY)

2. Do you currently have a valid Motor Vehicle Driver's License (Class D)? __Yes __No State: _____

3. Do you have any endorsements to your Class D license? If so which ones? _____

4. What languages do you speak, read, write or sign fluently? _____

Last Name

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SECTION 7: EMPLOYMENT HISTORY (CONT.)

POSITION 2: _____
Official Job Title Company Name/Department where assigned

Business Address (P.O. Box or # and Street) City State Zip Code

Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/___/___ To: ___/___/___
(MM/DD/YY) (MM/DD/YY) Phone Number: _____

This job is/was: ___ Full-time ___ Part-time ___ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

POSITION 3: _____
Official Job Title Company Name/Department where assigned

Business Address (P.O. Box or # and Street) City State Zip Code

Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/___/___ To: ___/___/___
(MM/DD/YY) (MM/DD/YY) Phone Number: _____

This job is/was: ___ Full-time ___ Part-time ___ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

Last Name

First Name

MI

SECTION 7: EMPLOYMENT HISTORY (CONT.)

POSITION 4: _____

Official Job Title

Company Name/Department where assigned

Business Address (P.O. Box or # and Street)

City

State

Zip Code

Type of Business

Official Job Title of Immediate Supervisor

Dates of Employment: From: ____/____/____ To: ____/____/____
(MM/DD/YY) (MM/DD/YY)

Phone Number: _____

This job is/was: ___ Full-time ___ Part-time ___ Per Diem

Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

POSITION 5: _____

Official Job Title

Company Name/Department where assigned

Business Address (P.O. Box or # and Street)

City

State

Zip Code

Type of Business

Official Job Title of Immediate Supervisor

Dates of Employment: From: ____/____/____ To: ____/____/____
(MM/DD/YY) (MM/DD/YY)

Phone Number: _____

This job is/was: ___ Full-time ___ Part-time ___ Per Diem

Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

SECTION 8: POSITION INFORMATION

What type(s) of position will you consider? Please answer both 1 and 2.

- 1. Full-Time only Part-Time only Either Part-time or Full-time
- 2. Permanent only Non-permanent only Either Permanent or Non-permanent

SECTION 9: VOLUNTARY SUPPLEMENTAL INFORMATION

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data **will not** be considered in the evaluation of your application.

A. **SEX:** ___ Female ___ Male

B. RACE/ETHNIC DATA:

- ___ 1 **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ___ 2 **ASIAN/ PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- ___ 3 **BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the black racial groups of Africa.
- ___ 4 **HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ___ 5 **WHITE (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

C. PRIMARY SOURCE OF EXAM/JOB INFORMATION:

Where did you learn about this exam or job/position? (Check and complete below.)

- ___ 1 Office of the Attorney General Website
- ___ 2 Other Website (please specify): _____
- ___ 3 Newspaper, professional journal, radio or TV advertisement.
Please specify: _____
- ___ 4 Paper Posting
- ___ 5 Direct e-mail or paper mailing.
- ___ 6 Career fair. Event/Location: _____
- ___ 7 Other. Please specify: _____