

PLEASE READ BEFORE COMPLETING APPLICATION

GENERAL INSTRUCTIONS:

1. Obtain a copy of the examination announcement before completing this application. The announcement includes important information such as: minimum requirements for admission to the examination, the examination number, closing date for applications and other job-related information. In many cases the exam announcement also contains special filing instructions which detail exam materials which must be submitted with the application form.
2. Applications (and exam materials, if required) must be date stamped by DAS/Human Resources or post marked by the closing date. Late or incomplete applications packages will not be accepted. (Resumes may be included as a supplement to the application form but they will not substitute for any information required on the application form.)
3. Applications received for which there is no current examination announcement will be returned. Applications for position postings must be sent to the address in the posting. **DO NOT** send applications for position postings to the Department of Administrative Services unless the posting specifically directs you to do so.
4. Type or print (in black ink) all information.
5. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
6. Write your social security number on all pages and on any attached pages.
7. Keep this page for yourself.
8. Bring, send or fax your application and any required exam materials to the address below. **Retain a copy of your application package for your records.**
9. Any future correspondence regarding this application should include your social security number, exam title and exam number.

Department of Administrative Services
Human Resources Business Center
Room G1
165 Capitol Avenue
Hartford, CT 06106-1630
FAX: (860) 713-7470

TEST INFORMATION:

Tests are written, oral, experience and training, practical, or performance tests, or a combination thereof. Refer to the exam announcement to determine the type of exam used, the test subjects, and the weight of each part of the examination.

Most examinations are given in the Hartford area. Written examinations are generally given on Saturday. Oral examinations are held during the week.

Experience and training examinations generally require exam information to be submitted with the application form. Refer to the exam announcement for application and examination instructions. Applications received without the required exam materials will not be accepted.

A written notice of your test results will be mailed to you. This will normally take four weeks after the exam is given. No test results will be given over the phone.

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a six month probationary period.

TEAR OFF AND KEEP THIS SHEET!

**APPLICATION FOR EXAMINATION
OR EMPLOYMENT** PLD-1 rev. 6/01

STATE OF CONNECTICUT

INSTRUCTIONS: Type or print answers to ALL questions **MAIL EXAM APPLICATIONS TO:** Department of Administrative Services, Human Resources Business Center, Room G1, 165 Capitol Avenue, Hartford, Connecticut 06106-1630 or FAX: (860) 713-7470. **(Applications for position postings must be sent to the address on the posting)**

DO NOT WRITE in shaded area	APP	DIS	BY	REV	Reason for Disapproval 1. Lack of Gen. Exp. 3. Lack of Sp. Exp. 2. Length of Gen. Exp. 4. Length of Sp. Exp. 5. Other _____	AE Date	SUBJECT TO:		
EXAMINATION TITLE						EXAM NO.			
SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
NAME (Last)				(First)			(MI)	SUFFIX (JR., DR.)	
ADDRESS (Number and Street)									
CITY						STATE	ZIP CODE (Last 4 digits are optional)		
AREA CODE			HOME PHONE NUMBER			AREA CODE		BUSINESS PHONE NUMBER	EXTENSION
May we call you at work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are 17 years old or younger, enter your age	
What kind of position are you apply for?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Either	Are you currently employed by the State of Connecticut		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IF STATE EMPLOYEE, GIVE OFFICIAL CLASS TITLE			IS THIS A FULL-TIME POSITION?		MAJOR DEPT.		BUREAU, DIVISION OR AGENCY WITHIN DEPT.		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12									
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?	
			FROM	TO					
TECHNICAL OR BUSINESS									
COLLEGE OR UNIVERSITY									
OTHER EDUCATION									
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)									
KIND(S)		ISSUED BY		DATE ISSUED		EXPIRATION DATE		NO.	
Do you speak, read or write a language other than English?				<input type="checkbox"/> Yes (specify language)		(This information is voluntary unless required by the exam announcement).			

SOCIAL SECURITY NUMBER:

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INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application 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.

SIGNED: _____ DATE: _____

APPLICANT DATA

SOCIAL SECURITY NUMBER

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Section I: Voluntary: In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

<p>A. SEX: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p>	<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. RACE/ETHNIC DATA</p> <p>1. <input type="checkbox"/> BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.</p> <p>2. <input type="checkbox"/> HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</p> <p>3. <input type="checkbox"/> WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>4. <input type="checkbox"/> 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.</p> <p>5. <input type="checkbox"/> ASIAN OR 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.</p>	<p align="center">TESTING ACCOMMODATIONS</p> <p>Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the Staffing Services Unit of DAS/Human Resource at (860) 713-7463, (voice and TDD) immediately upon submitting an application for this examination. Provide the exam title and number, your social security number, and a description of specific needs.</p>
<p>A. VETERAN'S PREFERENCE: is determined by either of the following categories: (A) active military service during the following basic eligibility dates: 12/7/41 to 12/31/47; or 6/27/50 to 1/31/55; or 1/1/64 to 7/1/75; or 9/29/82 to 3/30/84; or 2/1/87 to 7/23/87; or 12/20/89 to 1/31/90; and 8/2/90 to 6/30/94 or, any person who: (B) has been honorably discharged or released under honorable conditions from active service in the armed forces of the United States, and who has served in a military action for which such person received or was entitled to receive a campaign badge or expeditionary medal; (C) attended one of the service schools for ninety or more days during a time of war and was subsequently honorably discharged from active service; (D) was a reservist in the United States Army, Navy, Marine Corps, Coast Guard or Air Force for ninety or more days during a time of war, including full time training duty, or annual training duty, and was subsequently released under honorable conditions from active service.</p> <p>Do you claim Veteran's Preference (5 points)? If yes, check one of the following.</p> <p>1. <input type="checkbox"/> AS A VETERAN (As specified in category A, B, C or D above).</p> <p>2. <input type="checkbox"/> AS A SPOUCE OF A VETERAN NOT GAINFULLY EMPLOYED DUE TO DISABILITY</p> <p>3. <input type="checkbox"/> AS A SURVIVING SPOUCE OF A VETERAN</p> <p>Do you claim Disabled Veteran's Preference (10 points)? If yes, check one of the following:</p> <p>1. <input type="checkbox"/> AS A CURRENT DISABLED VETERAN.</p> <p>2. <input type="checkbox"/> AS A SPOUCE OF A CURRENT DISABLED VETERAN NOT GAINFULLY EMPLOYED DUE TO DISABILITY</p> <p>3. <input type="checkbox"/> AS A UNMARRIED SURVIVING SPOUCE OF A DISABLED VETERAN</p> <p>IMPORTANT: Proof of right to Veterna's Preference (DD214) or other relevant information must be submitted with application if not already on file. CHECK APPLICABLE BOX BELOW:</p> <p><input type="checkbox"/> PROOF PREVIOUSLY SUBMITTED</p> <p><input type="checkbox"/> PROOF ATTACHED TO APPLICATION</p> <p><small>Note: Veteran's points are only added after a candidate passes an open competitive exam. Either 5 or 10 points will be added.</small></p>	<p>B. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es):</p> <p>1. <input type="checkbox"/> An examination announcement.</p> <p>2. <input type="checkbox"/> The Human Resources Business Center.</p> <p>3. <input type="checkbox"/> A Job Service Office.</p> <p>4. <input type="checkbox"/> A State Office other than the Human Resources Business Center or Job Service Office.</p> <p>5. <input type="checkbox"/> Community Organization. Please Specify: _____</p> <p>6. <input type="checkbox"/> Ad placed in a professional journal or newspaper. Please Specify: _____</p> <p>7. <input type="checkbox"/> Radio or T.V. Announcement. What Station? _____</p> <p>8. <input type="checkbox"/> A present State employee</p> <p>9. <input type="checkbox"/> Internet</p> <p>C. OTHER: Answers to the following questions will be considered for examination/employment purposes if relevant to the position for which you are applying.</p> <p>Have you every been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If, "<input type="checkbox"/> please attach a de <input type="checkbox"/> explanation about the nature of conviction, degree of rehabilitation and time since release.</p>

Social Security Number:

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EMPLOYMENT DISTRICTS

Check the box(es) for **ONLY** the district(s) in which you will accept employment. Indicate your choice of location preference(s) in the left hand column by checking the appropriate box(es) where you are willing to work. Not all jobs are used in all locations. Names will be certified by location only at the request of the appointing authority. Location preferences may be changed by submitting a written request to DAS/Human Resources.

- A All Locations
- B Greenwich, Stamford, New Canaan, Darien
- C Norwalk, Wilton, Weston, Westport
- D Fairfield, Easton, Monroe, Trumbull, Shelton, Stratford
- E Bridgeport
- F Redding, Ridgefield, Danbury, Bethel, Newton, Brookfield, New Fairfield, Bridgewater, Sherman, New Milford
Roxbury, Washington, Kent, Warren
- G Morris, Litchfield, Harwinton, New Hartford, Torrington, Goshen, Cornwall, Sharon, Salisbury, Canaan,
North Canaan, Norfolk, Colebrook, Winchester, Hartland, Barkhamsted
- H Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Beacon Falls, Naugatuck, Prospect,
Waterbury, Wolcott, Cheshire
- I Oxford, Seymour, Ansonia, Derby
- J West Haven, Orange, Woodbridge, Bethany, Hamden, North Haven, East Haven
- K New Haven
- L Meriden
- M Plymouth, Bristol, Burlington
- N Berlin, Southington, Plainville, New Britain
- O Avon, Farmington, West Hartford
- P East Hartford, Manchester
- Q Hartford
- R Granby, Canton, Simsbury, Suffield, East Granby, Windsor Locks, Windsor, Bloomfield, East Windsor
South Windsor Ellington, Vernon, Tolland, Stafford, Willington
- S Enfield, Somers
- T Newington, Wethersfield, Rocky Hill
- U Union, Ashford, Mansfield, Chaplin, Hampton, Windham, Scotland, Lebanon
- V Cromwell, Portland, Middletown, Middlefield, Durham, East Hampton, Haddam, East Haddam, Chester, Essex,
Killingworth, Deep River, Westbrook, Old Saybrook
- W Lyme, Old Lyme, East Lyme, Salem, Montville, Waterford, New London, Ledyard, Groton, Stonington North Stonington
- X Bozrah, Franklin, Norwich, Sprague, Lisbon, Preston, Griswold, Voluntown
- Y Woodstock, Thompson, Putnam, Pomfret, Eastford, Brooklyn, Canterbury, Plainfield, Sterling, Killingly
- Z Glastonbury, Marlborough, Colchester, Hebron, Columbia, Andover, Bolton, Coventry