

**STATE OF CONNECTICUT
BOARD OF TRUSTEES OF
COMMUNITY-TECHNICAL COLLEGES
EMPLOYMENT APPLICATION**

The Board of Trustees of Community-Technical Colleges is an equal opportunity employer. It is the policy of the Board that applicants for employment shall not be discriminated against on the basis of their race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, political belief, veteran status, sexual orientation, genetic information or criminal record.

INSTRUCTIONS TO APPLICANTS: Please complete the application in its entirety, including personal information, educational background, employment and salary history, references and certification.

PLEASE TYPE

NAME _____
Last
First
Middle

ADDRESS _____
Street
City
State
Zip Code

TELEPHONE (____) _____ (____) _____ EMAIL ADDRESS _____
Home
Cell

COLLEGE TO WHICH YOU ARE APPLYING _____

- Full-time
 Part-time Either

POSITION FOR WHICH YOU ARE APPLYING _____

EDUCATIONAL BACKGROUND

It is the policy of the Board to recognize only those degrees granted by regionally accredited institutions of learning. If the institution of higher learning is located outside 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 costs associated with obtaining equivalency information rests with the applicant.

Dates (From-To)	Institution	Location (City, State)	Degree Awarded (e.g. BA., MBA)	Major/Area of Concentration

Please list any license or professional designation (e.g. P.E., C.P.A.) _____

EMPLOYMENT IN EDUCATION

(List in reverse chronological order beginning with your current/last position)

Dates (From - To)	Institution & Location	Rank or Position	Annual Salary	Reason for Leaving

EMPLOYMENT OTHER THAN IN EDUCATION

(List in reverse chronological order beginning with your current/last position)

Dates (From - To)	Organization & Location	Position	Annual Salary	Reason for Leaving

HAVE YOU BEEN INVOLUNTARILY SEPARATED FROM EMPLOYMENT WITHIN THE LAST TEN YEARS?

YES NO Involuntary separation includes dismissal for cause, layoff, reorganization, elimination of position or any other involuntary discontinuation of employment. If yes, please explain fully (attach sheet if necessary) _____

SUPERVISORY REFERENCES

Please list three persons who are not related to you and who have knowledge of your qualifications and fitness for the position for which you are applying. Include your immediate supervisor at your present and prior places of employment. It is the policy of the Board to contact references for candidates who are finalists.

Name	Title / Occupation	Address/Email Address	Telephone

THIS SECTION TO BE COMPLETED ONLY BY CANDIDATES SEEKING PART-TIME TEACHING EMPLOYMENT

SUBJECT AREAS WHICH YOU ARE QUALIFIED TO TEACH: (If you do not have a Master's degree in a discipline which you consider yourself qualified to teach, please indicate the experience which qualifies you to teach in that discipline.)

AVAILABILITY: Days After 5 p.m. Weekends

CERTIFICATION and SIGNATURE of APPLICANT

I hereby certify that the information provided on both sides of this application and all information provided throughout the pre-employment process is accurate, complete and true. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I agree to have official transcripts of all of my undergraduate and graduate studies submitted when requested by the employer and hereby authorize the Board of Trustees and its agents to contact references and former employers relative to my application for employment. Finally, I understand that employment, if offered, is contingent upon proof of citizenship or employability under the requirements of the Immigration Reform Control Act (IRCA).

Applicant Signature _____ Date _____

STATE OF CONNECTICUT
BOARD OF TRUSTEES OF
COMMUNITY-TECHNICAL COLLEGES
EMPLOYMENT APPLICATION - SUPPLEMENT

Under Connecticut State statute, once you have been deemed “qualified” for consideration for the position to which you have applied, the employer has the right to inquire about whether or not you have been convicted of any crime(s). This Employment Application Supplement is the vehicle for collecting that information.

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

EMAIL: _____

COLLEGE & POSITION TO WHICH YOU APPLIED: _____

The Board will not unlawfully deny employment to applicants who have criminal records and will conform to the requirements of CGS 46a-80. Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO

If yes, please provide detailed information (including dated of criminal convictions below. Attach additional sheets of paper where necessary.

I hereby certify that the information provided on this application supplement is accurate, complete and true. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I understand that all statements on this application supplement are subject to verification as a condition of employment.

Applicant Signature _____ Date _____