

CONNECTICUT STATE UNIVERSITY SYSTEM OFFICE

39 Woodland Street, Hartford, CT 06105

APPLICATION FOR EMPLOYMENT

CSU SO is an equal opportunity, affirmative action employer and actively seeks to enhance the diversity of our workforce. The university encourages women and minorities to apply.

EMPLOYMENT APPLICATION PROCEDURE

1. Complete all applicable sections of the application even if the material is included in a resume.
2. Type or print in ink all requested information.
3. Read the entire application carefully
4. Sign and date the application
5. Attach a resume (optional)
6. Submit all materials to:

OFFICE OF HUMAN RESOURCES

CSU System Office
39 Woodland Street
Hartford, CT 06105

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you require special accommodations for interviewing, please contact the System Office 48 hours in advance. Telephone: 860 493-0033.

PERSONAL INFORMATION

Name (Last, First, M.I.) _____
Preferred Prefix: None Mr. Mrs. Ms. Dr. Suffix: _____ (ie., Jr., Sr., etc.)
Address _____
City _____ State _____ Zip _____
E-Mail address _____
Home telephone (_____) Work telephone (_____)
Area Code Area Code
May we call you during the day? Yes No

It is the practice of the System Office to make an effort to protect the confidentiality of our employees and not release the home address and telephone number(s) of employees. There may be emergencies or unusual circumstances when the System Office needs to contact employees at home for business related reasons.

CSU SYSTEM OFFICE IS AN AFFIRMATIVE ACTION/ EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT DESIRED

Position applying for: _____

Will consider: Full-time Part-time Temporary Days Evenings

If employed, and you are under 18, can you furnish a work permit? Yes No

Have you ever been or are you employed by any Connecticut State Agency? Yes No

Have you ever applied to or worked for CSU SO? Yes No

If yes, give Employer(s) and Date(s) _____

On what date would you be available to work? _____

List professional designations and licenses (in good standing) that you currently hold (e.g., R.N., LPN, MD, FSA bar membership, CLU, CPP, NASD).

Agency Issuing _____ Expiration Date _____

Education

Certificates and Diplomas

- High school
- Associates
- 2-Year Certificate

Bachelors Degree: BA BS BS ED.
 BFA Other _____

Masters Degree: MA MS M.ED. MFA
 MLS MBA MPA MSW _____

Doctorate: Ph.D. Ed.D. Other _____

Institution

REFERENCES

Resume on file or attached

Please list three additional people, other than relatives, who can provide information concerning your work ability. May we contact the current supervisor Yes No

Name _____

Address _____

Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____

Name _____

Address _____

Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____

Name _____

Address _____

Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____

EMPLOYMENT EXPERIENCE Resume on file or attached

Present or most recent position first.

It is necessary to complete each item below.

Current Employer **From**

To _____ *month/year* *month/year*

Name of Supervisor _____ Annual Salary _____ or Hourly Rate _____

Address _____ Telephone _____

Reason for leaving _____

Job title/duties _____

May we contact this employer? { } YES { } NO

If yes, name and number of current supervisor _____

Former Employer From _____ To _____

month/year *month/year*

Name of Supervisor _____ Annual Salary _____ or Hourly Rate _____

Address _____ Telephone _____

Reason for leaving _____

Job title/duties _____

May we contact employer? { } YES { } NO

If yes, name and number of former supervisor _____

Former Employer From _____ To _____

month/year *month/year*

Name of Supervisor _____ Annual Salary _____ or Hourly Rate _____

Address _____ Telephone _____

Reason for leaving _____

Job title/duties _____

May we contact this employer? { } YES { } NO

If yes, name and number of former supervisor _____

Former Employer From _____ To _____

month/year *month/year*

Name of Supervisor _____ Annual Salary _____ or Hourly Rate _____

Address _____ Telephone _____

Reason for leaving _____

Job title/duties _____

May we contact this employer? { } YES { } NO

If yes, name and number of former supervisor _____

Explain any period between any of the jobs listed above _____

Have you ever been discharged from any employment or asked to resign? { } YES { } NO

If yes, please explain: _____

Attendance and Punctuality information

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with CSU SO?

{ } YES { } NO

If yes, please explain _____

Military Service

Branch _____ Rank _____ Date of Service _____

(Please note: A dishonorable discharge or general discharge is not an absolute bar to employment)

Optional: If you need additional space, please continue on this sheet (regarding previous positions), or attach resume.

Additional Information

Summarize special job-related skills, qualifications, or training acquired.

(Example: Bi-Lingual, Military training, etc.)

Personal Computer Use IBM Apple Macintosh

Special Skills _____

Software Applications _____

Machinery/Equipment Operated _____

Occupational license or certificates _____

Answer the following question ONLY if you expect to be assigned a company vehicle or to drive on company business.

Do you have a valid driver's license? Yes No

Referral Sources Employee List Word of Mouth (Friends/Colleague)

CSU SO Web Page Newspaper Ad. Which paper _____

Is any member of your family an employee of CSU SO Yes No

If yes: Name _____ Department _____ Relationship _____

*If employment is offered, you will be required to submit documents to establish your identity and verification of your legal right to work in the U.S. within **three (3) days** after commencement of employment.*

Have you ever been convicted of any violation of law other than minor traffic rules? (A conviction is not necessarily a bar to employment at CSU SO)

Yes No

If yes, please explain _____

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 nolleed, 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).

I have read and understood the above statement. Signature _____ Date _____

APPLICANT'S STATEMENT: *PLEASE SIGN*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification of all statements contained in this application, including any attachments, for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. Employment will only be considered binding with the written approval of the Chancellor or the Chancellor's designee. In the event of employment, I understand that false or misleading information given in my application, attached materials or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the System Office.

I understand that consideration for employment at CSU SO is contingent upon the results of the reference and background review. I hereby authorize CSU SO and its agents to investigate the truthfulness of all information I have provide in my application, resume and other attachments. I authorize CSU SO to discuss the results of such a review with CSU SO employees involved in the hiring process. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to CSU SO and its agents. I agree to execute any consent forms necessary for CSU SO to conduct its lawful pre-employment checks.

Signature of Applicant _____ Date _____

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APPLICATION VOLUNTARY DATA ADDENDUM – Equal Employment Opportunity Survey Sheet

Information provided by you in this section will be used only in accordance with State and Federal Reporting Requirements. This data will be kept confidential. This page will not be viewed by the Search Committee. Refusal to provide this information will not subject you to adverse action.

I. Personal Information

It is the policy of CSU SO to afford equal opportunity to all employees and applicants for employment without regard to race, color, religious creed, religion, age, sex, sexual orientation, marital status, national origin, ancestry, disability including learning disability, past or present history of a mental disorder, or other protected status unless there is a bona fide occupational requirement which excludes persons in one of the above protected groups, physical disability, genetic background, or prior conviction of a crime, unless the provisions of Section 46a-60(b), 46a-80(b), or 46a-81(b), or the Connecticut General Statutes are controlling or there is a bona fide occupational qualification excluding persons in one of the above protected groups.

Name (Last, First, M.I.) _____
Sex: Female Male

II. Ethnic Race:

- White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black (not of Hispanic origin) – All persons having origin in any of the Black Racial groups of Africa
- Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- Asian/Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.
- American Indian or Native American – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other

III. Disability Status

Are you disabled as defined below? Yes No Type _____
If yes, is it a military service disability? Yes No _____

Definition – Disabled: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) has a record of such impairment or (3) is regarded as having such impairment. For EEO purposes, a disabled person is “substantially limited” if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of disability.

May we release this information to hiring departments? Yes No

IV. Veterans Status:

- 1. **Non-Veteran**
- 2. **Veteran of the Vietnam Era:** A person who served on active duty for more than ninety (90) days, any part of which occurred between 12/22/61 and 7/1/75, and was discharged or released there from with other than a dishonorable discharge, or was discharged from active duty for a service-related disability if any part of the active duty was between 12/22/61 and 7/1/75.
- 3. **Veteran of Non-Vietnam Eras**
- 4. **Disabled Veteran:** A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty (30) percent or more, or a person whose discharge or release from active duty was a disability incurred or aggravated in the line of duty.

SIGNATURE: _____

DATE: _____