



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823  
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248  
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533  
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767  
 \_\_\_\_\_ www.ccthd.org \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**This application constitutes a part of the examination process. The District cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. 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)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Are you either a U. S. Citizen or an alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you 18 years old or older? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_ License # \_\_\_\_\_

Do you have a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_

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

**EDUCATION:**

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

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

**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 required, attach additional information.

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:

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"

Reason for Leaving:

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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:

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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, who are familiar with your character, job qualifications and work performance to provide information about you. Please provide **complete** address and phone number of reference.

Name	Address	Phone	Relationship

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**SPECIALIZED TRAINING OR SKILLS:** List any special qualifications or experience 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.)

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Complete if applicable: I have the following skills:

\_\_\_\_ Typewriter      \_\_\_\_ Personal Computer      \_\_\_\_ Word Processing

Word Processing Used: \_\_\_\_\_

Other Computer Programs Used:

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**ADDITIONAL INFORMATION:**

To help us better evaluate your qualifications for a District position, use this space to provide any additional information necessary to describe your full qualifications.

Have you ever been convicted of a law violation other than a minor traffic offense? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

(Note: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. In addition, applicants are not required to disclose information under the following circumstances: (1) That the applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person as been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.)

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

If yes, please explain:

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**CERTIFICATION:** Please read the following and sign 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, medical records, 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

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**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: \_\_\_\_\_

## APPLICANT CERTIFICATION AND AGREEMENTS

I voluntarily consent to any legally permissible pre-employment drug or alcohol test required by the Central Connecticut Health District. I understand that a positive and properly confirmed drug or alcohol test for controlled substances or refusal to submit to a drug or alcohol test is grounds for denial or termination of employment. I also voluntarily consent to a medical examination conducted at the request of the Central Connecticut Health District. I understand that the result of these medical examinations and tests will be provided to my employer.

I authorize representatives of the Central Connecticut Health District to obtain pertinent information from my previous employers references, and other persons with knowledge of my work history and background. I authorize my previous employer's references, and persons with knowledge of my work history and background to provide pertinent information to the Central Connecticut Health District and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of such information. I also voluntarily consent to the Central Connecticut Health District conducting a credit check into my personal and professional finances and to the release of the result of this credit check to Central Connecticut Health District officials. I understand if employment with the Central Connecticut Health District is denied only the name and address of the consumer reporting agency or agencies from which the report(s) were obtained will be released by the Central Connecticut Health District. Finally, except when otherwise provided by law, I voluntarily agree to submit to any lawful security examination (including inquiries regarding criminal history information from the State of Connecticut Police Bureau of Identification or other sources) or investigation as a condition precedent to employment or at any time during my employment. I hereby release the Central Connecticut Health District, its subsidiaries and affiliated companies, its agents and employees from any liability resulting from or in connection with the results or use of the results of any of the above described examinations, reference checks and investigations.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations and policies of the Central Connecticut Health District with the understanding that such rules, regulations and policies (including those pertaining to compensation and benefits) may be changed by the Central Connecticut Health District at any time during my employment.

All employees of the Central Connecticut Health District have the right to resign from this job at any time for any reason or for no reason at all, with our without advance notice. The Central Connecticut Health District retains the same right with respect to termination of any employee's employment. No manager, supervisor or other individual at the Central Connecticut Health District has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Central Connecticut Health District should be interpreted to make such a guarantee.

**NOTHING STATED BY THE CENTRAL CONNECTICUT HEALTH DISTRICT, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND THE CENTRAL CONNECTICUT HEALTH DISTRICT.**

I have read, understand and agree to the foregoing.

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Signature of Applicant

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Date