

CHAPLIN AND REGIONAL SCHOOL DISTRICT #11
Office of the Superintendent of Schools
304 Parish Hill Rd., Chaplin, CT 06235-0277



APPLICATION FOR EMPLOYMENT

Chaplin and Regional School District #11 and the Central Office are committed to excellence for all, and as such, we encourage applications from all people, including women, members of ethnic and racial minorities and protected classes, veterans and persons with disabilities.

EMPLOYMENT APPLICATION PROCEDURE

1. Complete all applicable sections of the application.
2. Type or print in ink all requested information.
3. Sign and date the application.
4. Attach a resume (optional)
5. Submit all materials to:

Office of the Superintendent of Schools
 Chaplin and Regional District #11
 P.O. Box 277
 Chaplin, CT 06235

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Preferred Prefix: <input type="checkbox"/> None <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Social Security Number:
Street Address:		
Town or City	State	Zip
Home Telephone Number (w/area code):	Work or Alternate Phone Number (w/area code):	
E-mail address:		

Chaplin and Regional School District #11 and the Central Office are Affirmative Action/Equal Opportunity Employers

EMPLOYMENT DESIRED	
Position applying for:	
*If applying for substitute service, please indicate which days of the week you are available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
On What Date would you be available to work?	Which locations are you willing to work in? <input type="checkbox"/> PK-6 Chaplin <input type="checkbox"/> 7-12 Parish Hill Middle/Senior High School
Are there any assignments/grade levels you are unwilling to work with?	

EDUCATION		
Certificates and Diplomas <input type="checkbox"/> High School <input type="checkbox"/> Associates Degree <input type="checkbox"/> 2 Year Certificate	Name of Institution	Year Awarded
Bachelor's Degree: circle one BA BS BFA BS Ed. Other:		
Master's Degree: circle one MA MS MFA M. Ed MLS MBA M.P.A MSW		
Doctorate: Ph.D Ed.D Other:		
Other Degrees/Graduate Work: MD 6 th Yr. CPA JD Other:		

REFERENCES	
Please list three individuals other than relatives, who can provide information concerning your work ability.	
Name:	
Address:	
Telephone (between 9AM-5PM):	Occupation:
Name:	
Address:	
Telephone (between 9AM-5PM):	Occupation:
Name:	
Address:	
Telephone (between 9AM-5PM):	Occupation:

EMPLOYMENT EXPERIENCE		
Current or most recently held position must be listed first. It is important to complete each section below.		
Current Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To(month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		

MILITARY SERVICE		
Branch	Rank	Dates of Service

Optional: If you need additional space regarding previous employment experience, please continue on another sheet, or attach a resume.

Page 4

ADDITIONAL INFORMATION
Summarize special job-related skills, qualifications, or training required
Personal Computer Use <input type="checkbox"/> IBM <input type="checkbox"/> Apple Macintosh
Software Applications
Special Skills
Machinery/Equipment Operated
Occupational Licenses or Certificates Held

VOLUNTARY INFORMATION: <i>The information is requested on a voluntary basis, and will be used solely in connection with Affirmative Action obligations and reporting requirements. Refusal to provide this information will not subject the applicant to any adverse treatment. All information regarding a disability in accordance with the ADA (Americans with Disabilities Act) will be kept confidential.</i>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American
Person with disability	<input type="checkbox"/> Yes <input type="checkbox"/> No Type

APPLICANT'S STATEMENT: PLEASE SIGN
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or rescission of an offer of employment. I understand, also, that I am required to abide by all rules and regulations of the Boards of Education that may employ me.
Signature of Applicant: _____ Date: _____

This application will be kept in the Superintendent of Schools Office for 3 years from the initial date of application.

If employment is offered and accepted, you will be required to submit documentation to establish your identity and verification of your legal right to work in the United States prior to the commencement of employment. CT Law Requires Public School District Employees to submit to a local and federal criminal history check within 30 days of their date of hire.

Addendum to Employment Applications

Public Act 93-328, An Act Concerning Applicants for School Employee Position
The Chaplin and Regional District #11 Boards of Education and the Central Office have the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet these requirements, pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any other name? If yes, please list the name(s) below.
 Yes No

2. Have you ever been convicted of a crime, either within or outside the State of Connecticut?
 Yes No If yes, identify the approximate location and nature of each such conviction on a separate piece of paper and attach to this form.

3. Are any criminal charges currently pending against you, either within or outside of the State of Connecticut?
 Yes No If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Chaplin and Regional District #11 Board of Education or the Central Office, I will be required to submit to a state and national criminal history records check. I understand that within a period of 30 days from my date of hire that I will be required to submit to fingerprinting, at my own expense, and that my fingerprints will be forwarded to the Connecticut State Police and the Federal Bureau of Investigations to complete said criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Chaplin and/or Regional District #11 Board of Education or the Central Office, the Board of Education or Central Office Committee may immediately terminate my employment in accordance with the provisions of Public Act 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers to supply any information regarding my background to the Chaplin and Regional District #11 Board of Education or the Central Office and to its agents and employees, and I hereby release all such current and former employers and all law enforcement agencies from any liability arising from the supplying and use of such information.

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in consideration of my application for employment. I understand that any omissions, false statements made on this addendum or failure to comply with the requirements stated above will be sufficient grounds for failure to employ, or termination of my employment with the Board(s) of Education or the Central Office.

Name (Printed)

Signature of Applicant

Date _____