

**CHAPLIN ELEMENTARY SCHOOL
Office of the Superintendent of Schools
304 Parish Hill Road, Chaplin, CT 06235-0277**



APPLICATION FOR EMPLOYMENT

Chaplin Elementary School and the Central Office are
Affirmative Action/Equal Opportunity Employers

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
5. Summit all materials to:

khenrici@parishhill.org

Office of the Superintendent of Schools
Chaplin Elementary School
304 Parish Hill Road
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.		
Street Address:		
Town or City:	State:	Zip:
Home Telephone Number (w/area code):	Cell Phone Number (w/area code):	
E-Mail Address:		

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EMPLOYEMENT 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?
Are there any assignments/grade levels you are unwilling to work with? IF APPLICABLE

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 6th Yr. CPA JD Other:		

REFERENCES			
Please list three individuals other than relatives, who can provide information concerning your work ability.			
Name	Years Know	Phone Number	Email Address
1.			
2.			

3.			
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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	Phone Number	Email
Address:		
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year	To (month/year)
Name of Supervisor	Phone Number	Email
Address:		
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year	To (month/year)
Name of Supervisor	Phone Number	Email
Address:		
Reason(s) for leaving		
Job Title and duties		

MILITARY SERVICE		
Branch	Rank	Dates of Service

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

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ADDITION INFORMATION
Computer Background
Software Applications
Special Skills/Knowledge
Machinery/Equipment Operated IF APPLICABLE
Occupational Licenses or Certificates Held IF APPLICABLE

<i>VOLUNTARY INFORMATION: 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

<i>APPLICANT'S STATEMENT: PLEASE SIGN</i>	
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:

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 enforcements agencies, current and former employers to supply any information regarding my background to the Chaplin Elementary School 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 ground for failure to employ, or termination of my employment with the Board of Education of the Central Office.

Name (Printed)

Signature of Applicant

Date: _____