

**Chaplin Elementary School
Office of the Superintendent of Schools
304 Parish Hill Road, Chaplin, CT 06235-0277**



APPLICATION FOR EMPLOYMENT

**Regional District #11 and Chaplin Elementary School 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. Submit all materials to:

sortiz@parishhill.org

Regional District #11 and Chaplin Elementary School
Office of the Superintendent of Schools
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:		
City:	State:	Zip:
Home Telephone Number (w/area code):	Cell Phone Number (w/area code):	
E-Mail Address:		

EMPLOYEMENT DESIRED

Position applying for:

*If applying for substitute service, please indicate which days of the week you are available:

 Monday Tuesday Wednesday Thursday 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

 High School Associates Degree 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.			

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

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

ADDITION INFORMATION

Computer Background

Software Applications

Special Skills/Knowledge

Machinery/Equipment Operated IF APPLICABLE

Occupational Licenses or Certificates Held IF APPLICABLE

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.*

Gender Male Female

Race White African American Hispanic Asian/Pacific Islander Native American

Person with disability Yes 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:

Addendum to Employment Applications

NOTICE CONCERNING ERASED CRIMINAL RECORDS: In answering the following questions concerning criminal history, please disregard criminal charges or convictions that have been erased pursuant to Connecticut General Statutes §§46b-146, 54-76o, or 54-142a. Criminal records pertaining to the following are subject to such erasure: (a) a finding of delinquency or that a child was a member of a family with service needs, (b) an adjudication as a youthful offender, (c) a criminal charge that has been dismissed or nolle, (d) a criminal charge for which you have been found not guilty, and (e) a conviction for which you received an absolute pardon. **YOU ARE NOT REQUIRED TO DISCLOSE SUCH RECORDS IF THEY HAVE BEEN ERASED.** Any person whose criminal records are erased as described above shall be considered to have never been arrested and may so swear under oath.

1. Have you ever been convicted of any criminal offense (including a felony or a misdemeanor), either within or outside the State of Connecticut, other than a conviction of which the records have been erased?

If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this application. For purposes of this application, a plea of “no contest” or “nolo contendere” is a conviction.

2. Has there ever been a disposition of criminal charges against you other than a) a dismissal or acquittal, or b) an arrest, criminal charge or conviction for which the records have been erased?

If so, identify the approximate date, location and nature of each such disposition and the nature of the charges against you on a separate sheet of paper and attach to this application.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut?

If so, identify the jurisdiction in which such charges are pending, the nature of the charges against you and provide an explanation of a separate sheet of paper and attach to this application.

4. Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education, pursuant to Connecticut General Statutes §54-56g)?

If so, identify the jurisdiction in which such program is pending and provide an explanation of the nature of such program and the criminal charges against you on a separate sheet of paper and attach to this application.

5. Please list the name, address and telephone number of each of your current or former employers: a) if such current or former employer was a local or regional board of education, magnet school or charter school, or b) if such employment otherwise caused you to have contact with children.

As for each of your previous employers, please identify the reason for leaving employment.

PLEASE NOTE: You may be asked to fill out forms developed by the State Department of Education to assist our inquiry into your employment background.

6. Have there ever been finding of “child abuse” or “neglect” against you, including but not limited to any such finding(s) by the Department of Children and Families or similar agency, either within or outside the State of Connecticut?

If so, identify the approximate date, location, and the nature and/or basis of the finding, and provide an explanation on a separate sheet of paper and attach to this application.

7. Does your name appear in any Sex Offender Database or Registry, either within or outside the State of Connecticut?

If so, identify the jurisdiction/location of said Database or Registry, the basis for your inclusion in said Database or Registry (including the nature of the offense that led to your inclusion), and provide an explanation of a separate sheet of paper and attach to this application.

8. Have you ever been subject to an abuse, neglect, or sexual misconduct investigation, whether by your current or former employer(s), a state agency, including but not limited to the Department of Children and Families or similar agency, or a law enforcement agency (unless the investigation resulted in a finding that all such allegations were unsubstantiated)?

If so, please identify as to each investigation a) the entity conducting the investigation, b) the date of initiation of the investigation, c) the circumstances of the investigation, and d) the outcome of such investigation.

9. Have you ever been disciplined or asked to resign from employment, or resigned or otherwise separated from employment while an allegation of abuse, neglect, or sexual misconduct was pending or under investigation, or was substantiated by the Department of Children and Families, or due to a conviction for abuse or neglect or sexual misconduct?

If so, please identify the employer.

10. Have you ever had a professional or occupational license or certificate suspended or revoked or have you ever surrendered such a license or certificate while an allegation of abuse, neglect or sexual misconduct was pending or under investigation, or was substantiated by the Department of Children and Families, or due to a conviction for abuse or neglect or sexual misconduct?

If so, please identify the license or certificate that was suspended, the dates of such suspension and the circumstances of the allegations and such suspension.

PLEASE NOTE: For purposes of this application (1) “sexual misconduct” means any verbal, nonverbal, written or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialog, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature and any other sexual, indecent or erotic contact with a student; and (2) “abuse or neglect” means abuse or neglect as described in Connecticut General Statutes §46b-120, and includes any violation of Connecticut General Statutes §§53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a.

I understand that if I am employed by the Regional District #11 or Chaplin Elementary Board of Education I will be required to submit to a state and national criminal history records check for a period of 30 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime that has not been disclosed as part of my application for employment, my employment will be subject to termination.

I hereby consent to and authorize any and all law enforcement agencies, current and former employers, academic institutions, the State Department of Education, and any other persons or entities to supply any records and information regarding my background (including but not limited to such records and information required by Public Act 16-67) to the Regional District #11 Public School System and its agents and employees, and I hereby release all such former employers, law enforcement agencies, academic institutions, other persons or entities, and their agents and employees from any liability arising from the disclosure, release, supplying and use of such records and information.

I declare under the penalties of false statement that I have read and understand the terms of this employment application and attest to the truth and accuracy of the information I have provided herein. I understand that false or misleading statements on this application shall be a basis for disqualification from further consideration for employment and, if I am employed, for dismissal from employment.

Signature

Date