
Last Name

First Name

MI



STATE OF CONNECTICUT

Application for Examination or Employment (CT-HR-12)

DO NOT WRITE in shaded area	APPROVED _____	DISAPPROVED _____	REVIEWED BY: _____	AE Date: _____
GE – Lack GE	LS – Length SE	GS – Length GE, Lack SE	AS – No Agency Status	SI – No Supp Exam Mat.
LG – Length GE	ET – Lack GE, SE	EM – Not Current St Emp	ST – No Classified Status	II – Insufficient Info
SE – Lack SE	LL – Length GE, SE	AR – Emp not Hiring Agency	CS – Status in Class	LT – Late

INSTRUCTIONS TO APPLICANT: Read the detailed instructions on the first page of this application and on the examination announcement or position/job posting before completing this application form. Type or print answers to ALL questions.

SECTION 1: APPLICANT CONTACT INFORMATION

LAST NAME

FIRST NAME

MI

SUFFIX (i.e., Jr., MD, Ph.D.)

MAILING ADDRESS (P.O. Box # or house number and street)

APARTMENT # (if any)

CITY

STATE

ZIP CODE

List other name(s) you have used. Include last name, first name and middle initial for each.

(____)____-____
HOME PHONE #

(____)____-____
BUSINESS PHONE #

May we call you at work? __Yes __No

(____)____-____
CELL PHONE #

E-MAIL ADDRESS

SECTION 2: PURPOSE OF APPLICATION (CHECK ONE):

___ STATE EXAMINATION ___ STATE POSITION/JOB POSTING

Complete the required information below for one examination OR one position ONLY:

If you are applying for a State of Connecticut examination complete the following information as it appears on the examination announcement:

Examination Title: _____ Exam No.: _____

OR

If you are applying for a State of Connecticut position/job complete the following information as it appears on the posting.

Position/Job Title: _____ Job Posting No.: _____

Last Name	First Name	MI
Examination Title or Position Title		

SECTION 3 APPLICANT CERTIFICATION

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Applicant signature: _____ **Date:** _____
 (Signature is required)

Note: A typed name will substitute for a handwritten signature.

SECTION 4: STATE EMPLOYMENT HISTORY (To be completed by current or former State of CT employees)

Are you a current State of Connecticut employee? Yes No If 'Yes': _____
 6-digit Employee ID #

Official Job Class Title	Employing Agency, Department, College/University
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If you are not a current State of Connecticut employee but worked for the State of Connecticut previously, did you leave State service within the past 10 years? Yes No

If 'Yes' complete dates of employment from: ____/____/____ to ____/____/____
 MM DD YYYY MM DD YYYY

Official Job Class Title at time of separation	Employing Agency, Department, College/University
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Reason for leaving: _____

SECTION 5: APPLICANT EDUCATION

A. Primary and Secondary Education

Have you graduated from high school or received a high school equivalency diploma (GED)?
 Yes No

Last Name

First Name

MI

Examination Title or Position Title

SECTION 5: APPLICANT EDUCATION (continued)**B. College Education**

1.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

 Major Course of Study

 Major Course of Study (only if double major)

2.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

 Major Course of Study

 Major Course of Study (only if double major)

3.) _____
 Name of College or University Attended City State Country*

Is this college accredited**? Yes No Dates of Attendance: From: ___/___/___ To: ___/___/___
 (MM/YYYY) (MM/YYYY)

Type of degree completed: Associate Bachelor Master Doctorate Law None
 If 'None' please indicate the number of credit hours completed: _____

If a degree was conferred, complete the following information for this college/university:

 Major Course of Study

 Major Course of Study (only if double major)

Attach additional sheets (labeled with "Section 5 – continued" and include your name and examination number/title or position title in upper right corner) if you attended more than three (3) colleges/universities.

* - If the institution of higher learning is located outside of the United States, you are responsible for providing documentation from a recognized USA accrediting service which specializes in determining foreign education equivalencies. The responsibility for and the costs associated with obtaining this equivalency information rest with you, the applicant.

** - In order to receive educational credit towards admittance to an examination, the institution must be recognized by the CT Department of Higher Education as an accredited institution (www.chea.org).

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Examination Title or Position Title		

SECTION 5: APPLICANT EDUCATION (continued)

C. Technical, Business or Other Education

1.) _____
 Name of School Attended City State Country*

Dates of Attendance: From: ____/____/____ To: ____/____/____
 (MM/YYYY) (MM/YYYY) Type of degree or certificate earned

2.) _____
 Name of School Attended City State Country*

Dates of Attendance: From: ____/____/____ To: ____/____/____
 (MM/YYYY) (MM/YYYY) Type of degree or certificate earned

SECTION 6: REQUIRED LICENSES, CERTIFICATIONS AND OTHER

1. Do you have any valid licenses or certificates which authorize you to practice a profession or trade? (e.g. law, nursing, psychology, plumbing, etc.) Yes No

If yes, please complete the following section:

A.) Type of License: _____ License #: _____ Issued By: _____

Date Issued: ____/____/____ Expiration Date: ____/____/____
 (MM/YY) (MM/YY)

B.) Type of License: _____ License #: _____ Issued By: _____

Date Issued: ____/____/____ Expiration Date: ____/____/____
 (MM/YY) (MM/YY)

2. Do you currently have a valid Motor Vehicle Driver's License (Class D)? Yes No State: _____

3. Do you have any endorsements to your Class D license? If so which ones? _____

4. Do you currently have a valid Commercial Driver's License (CDL)? Yes No State: _____

If you have a CDL what class? Class A Class B Class C

5. What languages do you speak, read, write or sign fluently? _____

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SECTION 7: EMPLOYMENT HISTORY

Important Instructions for Completing this Section. Beginning with your PRESENT or MOST RECENT employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the exam announcement or job posting. **List all positions (job titles) separately, even if with the same employer.** Provide the starting and ending dates (**month, day and year**) of your employment for **each** position and indicate if the position was full or part time and the number of hours worked per week. Clearly describe the work (duties) you personally performed in each position. If a job included a mixture of relevant duties and other duties that are not relevant toward meeting the eligibility requirements, specify the percentage of time spent performing each duty. Number your jobs, starting with your most recent job as number 1. **Make additional copies of this page as needed to list additional positions**, and continue the number sequence. If you need additional space for the descriptions of your duties for one or more positions, attach an 8 1/2" x 11" sheet with your name and the exam number or position title and continue the descriptions of your duties, using the number sequence to identify which positions the duties belong to. You must fill out this application completely even if you attach a resume. **Failure to provide all of the REQUIRED information for each position (or job title) held may result in your application being disapproved.** Although a resume can be attached, only jobs included in this section of the application form will be considered when determining if you meet the required minimum qualifications for the exam or position for which you are applying.

POSITION 1: _____
 Most Recent Official Job Title Company Name/Department where assigned

_____ _____
 Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
 Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ____/____/____ To: _____
(MM/DD/YY) (MM/DD/YY Phone Number: _____
or Present) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ___ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)