



APPLICATION FOR EXAMINATION OR EMPLOYMENT

PLD-1 rev. 3/06

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SOCIAL SECURITY NUMBER

STATE OF CONNECTICUT

INSTRUCTIONS: Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to ALL questions.

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|--|------|-----------|----------------|---|------------------------|--|-----------------------|------------------------|--|--|--|--|--|-------------------|--|
| APP | | DIS | | BY | | REV | | Reason for Disapproval | | AE Date | | SUBJECT TO: | | | |
| | | | | | | | | 1. Lack of Gen. Exp. | | 3. Lack of Sp. Exp. | | | | | |
| | | | | | | | | 2. Length of Gen. Exp. | | 4. Length of Sp. Exp. | | | | | |
| | | | | | | | | 5. Other _____ | | | | | | | |
| DO NOT WRITE in shaded area | | | | | | | | | | | | | | | |
| EXAMINATION TITLE | | | | | | | | | | EXAM NO. | | | | | |
| NAME (Last) | | | | | | (First) | | | | | | (MI) | | SUFFIX (JR., DR.) | |
| ADDRESS (Number and Street) | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | STATE | | ZIP CODE (Last 4 digits are optional) | | | |
| AREA CODE | | | | HOME PHONE NUMBER | | | | AREA CODE | | BUSINESS PHONE NUMBER | | | | EXTENSION | |
| Cellular Phone Number: | | | | Area Code | | | | Cell Phone Number | | | | E-mail Address: | | | |
| May we call you at work? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Drivers License | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If you are 17 years old or younger, enter your age | | | |
| What kind of position are you applying for? | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either | | Are you currently employed by the State of Connecticut | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| IF STATE EMPLOYEE, GIVE YOUR OFFICIAL CLASS TITLE | | | | IS THIS A FULL-TIME POSITION? | | | | MAJOR DEPT. | | | | BUREAU, DIVISION OR AGENCY WITHIN DEPT. | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | | | | |
| SCHOOL | NAME | ADDRESS | DATES ATTENDED | | CREDIT HOURS COMPLETED | TYPE OF DEGREE RECEIVED | MAJOR COURSE OF STUDY | DID YOU GRADUATE? | | | | | | | |
| | | | FROM | TO | | | | | | | | | | | |
| TECHNICAL OR BUSINESS | | | | | | | | | | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| OTHER EDUCATION | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering) | | | | | | | | | | | | | | | |
| KIND(S) | | ISSUED BY | | DATE ISSUED | | EXPIRATION DATE | | NO. | | | | | | | |
| Do you speak, read or write a language other than English? <input type="checkbox"/> Yes (specify language) (This information is voluntary unless required by the exam announcement.) | | | | | | | | | | | | | | | |

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INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

| | | | | | | | | |
|---|--------------------|-------------------|--------------------------|--|--|---|--------------------------------------|--|
| Official Job title (Start with most recent job) | | | Company Name | | | Type of Business | | |
| Title of Immediate Supervisor | | | Dept. Where Assigned | | | Business Address/Phone No. | | |
| Employed From (Mo.) (Yr.) | To: (Mo.) (Yr.) | Total (Yrs. Mos.) | Salary or Wage \$ Per | | | # of Hours per week | Circle One Full Part Time Time | |
| No. and Titles of Employees Supervised by You | | | Reason for Leaving | | | | | |
| DUTIES (must be listed) | | | | | | | | |
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| Official Job title | | | Company Name | | | Type of Business | | |
| Title of Immediate Supervisor | | | Dept. Where Assigned | | | Business Address/Phone No. | | |
| Employed From (Mo.) (Yr.) | To: (Mo.) (Yr.) | Total (Yrs. Mos.) | Salary or Wage \$ Per | | | Hours Per Week (Full time) (Part-time) | | |
| No. and Titles of Employees Supervised by You | | | Reason for Leaving | | | | | |
| DUTIES (must be listed) | | | | | | | | |
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| | | | | | | | | |
| Official Job title | | | Company Name | | | Type of Business | | |
| Title of Immediate Supervisor | | | Dept. Where Assigned | | | Business Address/Phone No. | | |
| Employed From (Mo.) (Yr.) | To: (Mo.) (Yr.) | Total (Yrs. Mos.) | Salary or Wage \$ Per | | | Hours Per Week (Full time) (Part-time) | | |
| No. and Titles of Employees Supervised by You | | | Reason for Leaving | | | | | |
| DUTIES (must be listed) | | | | | | | | |
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CERTIFICATION: I certify that the statements made by me on this application 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.

SIGNED: _____ DATE: _____

APPLICANT DATA

SOCIAL SECURITY NUMBER

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CONTACT: May we contact your present employer?

☐

Yes

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No

CRIMINAL CONVICTIONS: Answers to the following question will be considered for examination/employment purposes if relevant to the position/exam for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

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Yes

☐

No

If, "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

VETERAN'S PREFERENCE: Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Time of war periods include: 12/7/41 to 12/31/47; 6/27/50 to 1/31/55; 7/1/58-11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present.

Do you claim Veteran's Preference (5 points)? If yes, check one of the following.

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A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

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B. As a spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veteran's disability is unable to pursue gainful employment.

☐

C. As an unmarried surviving spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

You may also be eligible for Veteran's Preference (5 points), if:

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You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States, and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal.

Do you claim Disabled Veteran's Preference (10 points)? If yes, check one of the following.

☐

A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

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B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability.

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C. As an unmarried surviving spouse of a disabled Veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

IMPORTANT: Proof of right to Veteran's Preference (DD214) and other relevant information must be submitted to DAS/Human Resources, Room 422, 165 Capitol Avenue, Hartford, CT 06106-1630 - (Fax 860-713-7470), if not already on file.

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Proof previously submitted.

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Proof attached to this application.

Note: Veterans' points are only added after a candidate passes an open competitive examination. (C.G.S. 5-224).

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EMPLOYMENT DISTRICTS

Check the box(es) for **ONLY** the district(s) in which you will accept employment. Indicate your choice of location preference(s) in the left hand column by checking the appropriate box(es) where you are willing to work. Not all jobs are used in all locations. Names will be certified by location only at the request of the appointing authority. Location preferences may be changed by submitting a written request to DAS/Human Resources.

- | | | |
|---|--------------------------|--|
| A | <input type="checkbox"/> | All Locations |
| B | <input type="checkbox"/> | Greenwich, Stamford, New Canaan, Darien |
| C | <input type="checkbox"/> | Norwalk, Wilton, Weston, Westport |
| D | <input type="checkbox"/> | Fairfield, Easton, Monroe, Trumbull, Shelton, Stratford, Milford |
| E | <input type="checkbox"/> | Bridgeport |
| F | <input type="checkbox"/> | Redding, Ridgefield, Danbury, Bethel, Newton, Brookfield, New Fairfield, Bridgewater, Sherman, New Milford Roxbury, Washington, Kent, Warren |
| G | <input type="checkbox"/> | Morris, Litchfield, Harwinton, New Hartford, Torrington, Goshen, Cornwall, Sharon, Salisbury, Canaan, North Canaan, Norfolk, Colebrook, Winchester, Hartland, Barkhamsted |
| H | <input type="checkbox"/> | Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Beacon Falls, Naugatuck, Prospect, Waterbury, Wolcott, Cheshire |
| I | <input type="checkbox"/> | Oxford, Seymour, Ansonia, Derby |
| J | <input type="checkbox"/> | West Haven, Orange, Woodbridge, Bethany, Hamden, North Haven, East Haven, North Branford, Wallingford, Branford, Guilford, Madison, Clinton |
| K | <input type="checkbox"/> | New Haven |
| L | <input type="checkbox"/> | Meriden |
| M | <input type="checkbox"/> | Plymouth, Bristol, Burlington |
| N | <input type="checkbox"/> | Berlin, Southington, Plainville, New Britain |
| O | <input type="checkbox"/> | Avon, Farmington, West Hartford |
| P | <input type="checkbox"/> | East Hartford, Manchester |
| Q | <input type="checkbox"/> | Hartford |
| R | <input type="checkbox"/> | Granby, Canton, Simsbury, Suffield, East Granby, Windsor Locks, Windsor, Bloomfield, East Windsor South Windsor Ellington, Vernon, Tolland, Stafford, Willington |
| S | <input type="checkbox"/> | Enfield, Somers |
| T | <input type="checkbox"/> | Newington, Wethersfield, Rocky Hill |
| U | <input type="checkbox"/> | Union, Ashford, Mansfield, Chaplin, Hampton, Windham, Scotland, Lebanon |
| V | <input type="checkbox"/> | Cromwell, Portland, Middletown, Middlefield, Durham, East Hampton, Haddam, East Haddam, Chester, Essex, Killingworth, Deep River, Westbrook, Old Saybrook |
| W | <input type="checkbox"/> | Lyme, Old Lyme, East Lyme, Salem, Montville, Waterford, New London, Ledyard, Groton, Stonington North Stonington |
| X | <input type="checkbox"/> | Bozrah, Franklin, Norwich, Sprague, Lisbon, Preston, Griswold, Voluntown |
| Y | <input type="checkbox"/> | Woodstock, Thompson, Putnam, Pomfret, Eastford, Brooklyn, Canterbury, Plainfield, Sterling, Killingly |
| Z | <input type="checkbox"/> | Glastonbury, Marlborough, Colchester, Hebron, Columbia, Andover, Bolton, Coventry |

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TESTING ACCOMMODATIONS: Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the Staffing Services Unit of DAS/Human Resources at 860-713-7463, (voice and TDD) immediately upon submitting an application for this examination. Provide the exam title and number, your social security number, and a description of your specific needs.

Voluntary:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

A. SEX: Female ☐ Male ☐

B. RACE/ETHNIC DATA

- ☐ 1. BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- ☐ 2. HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ 3. WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ 4. AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ 5. ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es) below:

- ☐ 1. State of Connecticut Internet site.
- ☐ 2. Newspaper, professional journal, radio or TV advertisement.
- ☐ 3. Posting.
- ☐ 4. Direct e-mail or paper mailing.
- ☐ 5. Present state employee.
- ☐ 6. Career fair.
- ☐ 7. Other: Please specify: _____

PLEASE READ BEFORE COMPLETING APPLICATION

GENERAL INSTRUCTIONS:

1. Obtain a copy of the examination announcement before completing this application. The announcement includes important information such as: minimum requirements for admission to the examination, the examination number, closing date for applications and other job-related information. In many cases the exam announcement also contains special filing instructions which detail exam materials that **must** be submitted with the application form. Application forms and exam announcements can be obtained from the DAS Internet Site (<http://www.das.state.ct.us/exam>).
2. Applications (and exam materials, if required) must be date stamped by DAS/Human Resources or postmarked by the closing date. Late or incomplete application packages will not be accepted. (Resumes may be included as a supplement to the application form but they will not substitute for any information required on the application form.)
3. **Applications received for which there is no current examination announcement will be returned. Applications for position/job postings must be sent to the address in the posting. DO NOT send applications for position postings to the Department of Administrative Services unless the posting specifically directs you to do so.**
4. Type or print (in ink) all information.
5. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
6. Write your social security number on all pages and on any attached pages.
7. Keep this page for yourself.
8. Mail applications to DAS/Human Resources, Room 422, 165 Capitol Avenue, Hartford, CT. 06106-1630. The preferred method of submitting application materials is via fax. **When faxing materials, keep a copy of your completed application form and the fax transmittal receipt for your records.** Due to the large number of applications received, we cannot confirm receipt of applications. Do not mail a copy of your application form if you have faxed the materials. A separate application form must be submitted for each exam you are applying for.

APPLICATIONS FOR CURRENTLY ANNOUNCED EXAMINATIONS

Department of Administrative Services

Human Resources Business Center

Room 422

165 Capitol Avenue

Hartford, CT 06106-1630

FAX: (860)-622-2910 or (860)-622-2875

APPLICATIONS FOR POSITION/JOB POSTINGS MUST BE SENT TO THE ADDRESS ON THE POSTING!

9. This application is **not** to be used for the following examinations: State Police Trooper Trainee, Correction Officer, Protective Services Trainee (Police) and State Marshall. When these examinations are open you will find special Internet application forms on the DAS Web Site (<http://www.das.state.ct.us/exam>).

TEST INFORMATION:

Tests are written, oral, experience and training, practical, or performance tests, or a combination thereof. Refer to the exam announcement to determine the type of exam used, the test subjects, and the weight of each part of the examination.

Most examinations are given in the Hartford area. Written examinations are generally given on Saturday. Oral examinations are held during the week. Scheduling letters are generally mailed two weeks before the test date.

Experience and training examinations generally require exam information to be submitted with the application form. Refer to the exam announcement for application and examination instructions. Applications received without the required exam materials will not be accepted.

A written notice of your test results will be mailed to you. For most examinations, you should receive your test results within 4 weeks of the examination. No test results will be given over the phone.

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a six month probationary period.