

APPLICATION FOR EMPLOYMENT

The **Chatham Health District** is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

How were you referred to the Chatham Health District _____

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 defender, (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 of 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.

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

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 on a separate sheet of paper and attach to this application.

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.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

1. Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

(Record of Employment continued)

2. Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

3. Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

4. Employer: _____ Telephone: _____

Address: _____

Position/Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with the Chatham Health District is at-will, meaning that I or the District may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the District to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the District, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the District may require the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

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 of Applicant: _____ **Date Signed:** _____