

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE  
STATE OF CONNECTICUT  
APPLICATION FOR EXAMINATION OR EMPLOYMENT (FORM CT-HR-12)**

**PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION**

**GENERAL INFORMATION AND INSTRUCTIONS**

This application form is the official State of Connecticut Application Form for Examination or Employment effective October 1, 2010. PLD-1 application forms should not be used on or after October 1, 2010. Check the State Employment Pages on the DAS website (<http://das.ct.gov/employment>) for more detailed information about completing the State Application Form and about state examinations, job opportunities and to sign up for e-mail notification of current exams and job openings.

1. The CT-HR-12 is a PDF document that can be completed on-line or it can be printed and completed manually. If you complete the form on-line, you can save it in your documents for future reference.
2. This application form can be used to apply for currently posted State of Connecticut examinations or currently posted job opportunities (positions/job postings). If you are applying for a currently posted examination, make certain you include the examination title and examination number. If you are applying for a currently posted job/position, make certain you include the position title and position number.
3. Type or print (in ink) all information requested on the application form. It is critical that you complete all sections of the application form and that all of the information you provide is true and accurate.
4. Give complete and accurate information about your education, work experiences and licenses/certifications as it relates to the minimum requirements for the examination or position for which you are applying. The information you provide on your application form will be used to determine if you meet the requirements as outlined on the examination announcement or position posting. (Resumes may be included as a supplement to the application form, but they will not substitute for any information required on the application form.)
5. Write your name and examination or position title on the top of all pages of your application form. Write your social security number on the top of Page 1.
6. Sign and date Section 3 of your application form (a typed name will substitute for a handwritten signature).
7. Make a copy of your application package for your records before submission.
8. Do NOT submit this page with your application package.
9. Application packages sent to an incorrect address/fax will not be accepted. Carefully review the application filing instructions on the examination announcement or the position posting to ensure your application materials are sent to the correct location.
10. Late and/or incomplete application packages will not be accepted.

**INSTRUCTIONS IF YOU ARE APPLYING FOR A CURRENTLY POSTED EXAMINATION**

1. Obtain a copy of the examination announcement before completing this application. The announcement includes important information such as: the examination title and number, minimum requirements for admission to the examination, closing date for the application package, 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. Examination announcements can be obtained from the DAS website (<http://das.ct.gov/employment>). Follow all application and examination instructions very carefully!
2. A separate application form must be submitted for each examination for which you are applying.
3. Applications (and supplemental exam materials, if required) for examinations are always submitted to the Statewide Human Resources Management Division at the Department of Administrative Services. Refer to the examination announcement for the mailing address and secure fax number for submitting your application form (and exam materials, if required). If faxing materials make certain that your application form is complete and transmitted correctly and without error. Incomplete faxes or faxes received blank because pages were faxed upside down will not be accepted.
4. Applications received for which there is no current examination announcement are not accepted.
5. This application is not to be used for the following examinations: State Police Trooper Trainee, Correction Officer, Protective Services Trainee (Police). State Marshall and Office Assistant. When these examinations are open you will find special Internet application forms on the DAS website (<http://das.ct.gov/employment>).

**INSTRUCTIONS IF YOU ARE APPLYING FOR A CURRENTLY POSTED JOB/POSITION**

1. Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title and position number, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions very carefully!
2. A separate application form must be submitted for each position you are applying for.
3. Applications are only accepted for currently posted positions.
4. Applications for positions are to be sent to the hiring agency. They are not to be sent to the Department of Administrative Services, unless the position posting specifically directs you to do so.



## 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.

\_\_\_\_\_

( ) - \_\_\_\_\_ May we call you at work?  Yes  No  
HOME PHONE # BUSINESS PHONE #

( ) - \_\_\_\_\_  
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
--------------------------	--

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](http://www.chea.org)).

Last Name	First Name	MI
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? \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

**SECTION 7: EMPLOYMENT HISTORY (CONTINUED)**

\_\_\_\_\_  
Examination Title or Position Title

**POSITION 2:**

\_\_\_\_\_  
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: \_\_\_\_\_  
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.)

**POSITION 3:**

\_\_\_\_\_  
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: \_\_\_\_\_  
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.)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

**SECTION 7: EMPLOYMENT HISTORY (CONTINUED)**

\_\_\_\_\_  
Examination Title or Position Title

**POSITION 4:**

\_\_\_\_\_  
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: \_\_\_\_\_  
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.)

**POSITION 5:**

\_\_\_\_\_  
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: \_\_\_\_\_  
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.)



**SECTION 8: VOLUNTARY VETERAN'S PREFERENCE**

Examination Title or Position Title

**THIS SECTION IS OPTIONAL.** 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. Service in a time of war is defined by CGS 27-103(a) and includes service in World War 2, the Korean Conflict, the Vietnam era (2/28/61 to 7/1/75), the Persian Gulf war and any other war declared by Congress, as well as service while engaged in combat or a combat support role in Lebanon from 7/1/58 to 11/1/58 and 9/29/82-3/30/84, Grenada from 10/25/83 to 12/15/83, Operation Earnest Will from 7/24/87 to 8/1/90 and Panama from 12/10/89 to 1/31/90. **If you are claiming Veteran's Preference points check one of the options below. If you are not claiming Veteran's Preference points go on to Section 9.**

**Do you claim Veteran's Preference (5 points)?**

- A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1)
- B. As a spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veterans' disability is unable to pursue gainful employment. (Documents: 2, 3 and 4)
- C. As an unmarried surviving spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 2, 3, 5, 6)

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

- A. 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. (Documents: 1)

**Disabled Veteran's Preference (10 points)?**

- A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1, 7)
- 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. (Documents: 2, 3, 4, 7)
- 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. (Documents: 2, 5, 6, 8)

**Documentation Required.** Please refer to the "Documentation Required" listed after each category above to determine the specific documentation you are required to submit in order to be eligible to receive Veteran's preference points if you pass an open competitive examination.

1. DD214 – Member-4 copy for self showing: honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service, and campaign badge or expeditionary medal earned (if applicable).
2. DD214 – Member-4 copy for spouse showing honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service.
3. Marriage Certificate.
4. Statement from spouse's physician certifying that s/he is unable to pursue gainful employment because of disability.
5. Death certificate for spouse or official notice of his/her death if it occurred in the line of duty.
6. Statements from two disinterested persons that widow/widower has not remarried.
7. Statement from Veterans' Administration dated within the past six months certifying that the veteran is currently eligible for compensation or pension benefits.
8. Statement from Veterans' Administration certifying that the veteran was eligible to receive disability compensation or pension benefits at the time of his/her death.

**Check one if you are claiming Veteran's Preference:**

- Proof (required documents) previously submitted       Proof attached to this application

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

Last Name

First Name

MI

Examination Title or Position Title

**SECTION 9: POSITION INFORMATION**

What type(s) of position(s) will you consider? Answer both 1 and 2.

1.  Full-Time only     Part-Time only     Either Part-time or Full-time  
 2.  Permanent only     Nonpermanent only     Either Permanent or Nonpermanent

What shift would you be willing to work? Check all that apply:

Day (First Shift)     Evening (Second Shift)     Night (Third Shift)     Weekends

**SECTION 10: 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 at the request of the appointing authority.

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

Last Name

First Name

MI

Examination Title or Position Title

**SECTION 11: TESTING ACCOMMODATIONS FOR EXAMINATIONS**

**Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting DAS Statewide Human Resources at 860-713-5206 (voice) and at 860-713-7463 (TDD) immediately upon submitting an application for this examination. Provide your name, exam title and number, a description of your specific needs and documentation from a health care provider verifying your disability.**

**SECTION 12: 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 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.
- \_\_\_ **2 ASIAN/ 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.
- \_\_\_ **3 BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the black racial groups of Africa.
- \_\_\_ **4 HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- \_\_\_ **5 WHITE (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**C. PRIMARY SOURCE OF EXAM/JOB INFORMATION:**

Where did you learn about this exam or job/position? (Check and complete below.)

- \_\_\_ **1** State of Connecticut Internet site. Website: \_\_\_\_\_
- \_\_\_ **2** Other Internet Site. Website: \_\_\_\_\_
- \_\_\_ **3** Newspaper, professional journal, radio or TV advertisement.  
Please give the name of the publication/station, etc: \_\_\_\_\_
- \_\_\_ **4** Paper Posting
- \_\_\_ **5** Direct e-mail or paper mailing.
- \_\_\_ **6** Career fair. Event/Location: \_\_\_\_\_
- \_\_\_ **7** Other. Please specify: \_\_\_\_\_

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](http://www.chea.org)).