First Name

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# OFFICE OF THE ATTORNEY GENERAL Application for Employment AAG-I / AAG-II

DO NOT WRITE	APPROVED	DISAPPROVED	REVIEWED BY:	AE Date:
in shaded area 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

**<u>INSTRUCTIONS TO APPLICANT</u>**: Once all required fields are completed, this application should be and returned to the OAG Human Resources office as part of the AAG-I.AAG-II Application Package. Please type or print answers to <u>ALL</u> 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 s	treet)	APARTMENT # (if any)
CITY		STATE	ZIP CODE
Please list other name(s)	) you have used. Include last na	me, first name an	d middle initial for each.
() HOME PHONE #	()	May we call you	at work?YesNo
() CELL PHONE #	E-MAIL ADDRE	SS	

# SECTION 2: QUALIFIED LEVEL

## Please select the AAG level for which you are qualified:

#### **Assistant Attorney General I:**

To be deemed qualified for the entry-level class of Assistant Attorney General I, applicants must hold a degree from an accredited Law School. In addition, applicants must be admitted to practice law in the State of CT within one (1) year of the date of hire,

## Assistant Attorney General II:

To be deemed qualified for the target-level class of Assistant Attorney General II, applicants must hold at least three (3) years' experience practicing law. In addition, applicants must be admitted to practice law in the State of CT. Judicial Law Clerk experience shall apply to this three-year requirement as long as the clerkship was with the Appellate or Supreme Court only.

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## 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 ' <b>Yes</b> :
	6-digit Employee ID #
Official Job Class Title	Employing Agency, Department, College/University
If you are not a current State of Connecticut emplo previously, did you leave State service within the p	•
If ' <b>Yes</b> ' complete dates of employment from: mm	//to// dd yyyy mm dd yyyy
Official Job Class Title at time of separation	Employing Agency, Department, College/University
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

First Name

## SECTION 5: APPLICANT EDUCATION (cont.)

### B. <u>College Education</u>

1.)			
1.) Name of College or University Attended	City State Country*		
Is this college accredited**?YesNo Dates of Att	endance: From:/To:/_ (MM/YYYY) (MM/YYYY)		
Type of degree completed:AssociateBachelor _ If ' <b>None</b> ' please indicate the number of credit hours comple			
If a degree was conferred, complete the following informati	ion for this college/university:		
Major Course of Study	Major Course of Study (only if <u>double</u> major)		
2.)			
2.) Name of College or University Attended	City State Country*		
Is this college accredited**?YesNo Dates of Att	endance: From:/To:/ (MM/YYYY) (MM/YYYY)		
Type of degree completed:AssociateBachelor _ If ' <b>None</b> ' please indicate the number of credit hours comple			
If a degree was conferred, complete the following informati	ion for this college/university:		
Major Course of Study	Major Course of Study (only if double major)		
2)			
3.) Name of College or University Attended	City State Country*		
Is this college accredited**?YesNo Dates of Att	endance: From:/To:/ (MM/YYYY) (MM/YYYY)		
Type of degree completed:AssociateBachelor _ If ' <b>None</b> ' please indicate the number of credit hours comple			
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 – continue number/title or position title in upper right corner) if you atte			

\* - 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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## **SECTION 5: APPLICANT EDUCATION (cont.)**

#### C. Technical, Business or Other Education

1.)				
Name of School A	ttended	City	State	Country*
Dates of Attendance: From:(N	/To:/_ IM/YYYY) (MM/Y	YYY) T <u>y</u>	ype of degree or certific	ate earned
2.) Name of School A	ttended	City	State	Country*
Dates of Attendance: From:(N	To:/_ IM/YYYY) (MM/Y		ype of degree or certific	ate earned

## SECTION 6: REQUIRED LICENSES, CERTIFICATIONS, ET AL

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)

B.) Type of License: \_\_\_\_\_ License #: \_\_\_\_\_ Issued By: \_\_\_\_\_

Date Issued: / Expiration Date: / (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. What languages do you speak, read, write or sign fluently?

## **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 Imn	nediate Superv	<i>v</i> isor
Dates of Employment: From: ////To: (MM/DD/YY) (MM/DD/YY or Present)	Phone Number: _		
This job is/was: Full-time Part-time Per Diem	Number of Hours Wor	ked 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.)

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# SECTION 7: EMPLOYMENT HISTORY (CONT.)

PO	SIT	ION	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 Super	visor
Dates of Employment: From: ///To:_//// (MM/DD/YY) (MM/DD/YY)	Phone Number:		
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	e completed for ea	ach job listed.)
POSITION 3:			
Official Job Title	Company Name/	Department where	e assigned
Business Address (P.O. Box or # and Street)	City	State	Zip Code
Type of Business	Official Job Title of	Immediate Super	visor
Dates of Employment: From://To:// (MM/DD/YY) (MM/DD/YY)	Phone Number	:	
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	e completed for ea	ach job listed.)

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# SECTION 7: EMPLOYMENT HISTORY (CONT.)

Official Job Title	Company Name	/Department wher	e assigned
Business Address (P.O. Box or # and Street)	City	State	Zip Code
Type of Business	Official Job Title o	f Immediate Super	visor
Dates of Employment: From://To:// (MM/DD/YY) (MM/DD/YY)	Phone Number	er:	
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 jo	b. (This area must b	e completed for ea	ach job listed.)
POSITION 5:		/Deportment wher	
POSITION 5: Official Job Title	Company Name	/Department wher	e assigned
	Company Name City	/Department wher State	e assigned Zip Code
Official Job Title	City		Zip Code
Official Job Title Business Address (P.O. Box or # and Street)	City Official Job Title o	State	Zip Code visor
Official Job Title Business Address (P.O. Box or # and Street) Type of Business	City Official Job Title o Phone Numbe	State f Immediate Super	Zip Code visor
Official Job Title Business Address (P.O. Box or # and Street) Type of Business Dates of Employment: From://To:// (MM/DD/YY) (MM/DD/YY)	City Official Job Title o Phone Number Number of Hours	f Immediate Super er: Worked per week	Zip Code visor
Official Job Title          Business Address (P.O. Box or # and Street)         Type of Business         Dates of Employment: From://To://         (MM/DD/YY)         This job is/was: Full-time Part-time Per Diem	City Official Job Title o Phone Number Number of Hours	f Immediate Super	Zip Code visor

## **SECTION 8: POSITION INFORMATION**

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

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

## SECTION 9: VOLUNTARY SUPPLEMENTAL INFORMATION

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.
- **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 Office of the Attorney Geneeral Website
- 2 Other Website (please specify): \_\_\_\_\_
- **3** Newspaper, professional journal, radio or TV advertisement. Please specify: \_\_\_\_\_\_
- \_\_\_4 Paper Posting
- \_\_\_ 5 Direct e-mail or paper mailing.
- \_\_6 Career fair. Event/Location: \_\_\_\_\_
- \_\_7 Other. Please specify: \_\_\_\_\_