**Open To**

Current agency Employees holding the title of Developmental Services Case Manager or Social Worker-Health Care Professional – with permanent case assignments who have completed their Working Test Period.

**Application Instructions**

Interested and qualified candidates should submit a fully completed “Application for DS Case Manager Opportunities.” ***Completed applications must be received by 11:59 p.m. on May 21, 2020.*** All applications must be emailed or faxed to:

Adrienne Bonner Wiggins Email: [Adrienne.BonnerWiggins@ct.gov](mailto:Adrienne.BonnerWiggins@ct.gov)

Agency Labor Relations Specialist Fax: 860-622-2756

Phone: 860-513-2033 / 860-263-2618

***Please complete one application for all of the opportunities.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee ID:** | |  | | | | | | | |
| **Last Name:** | |  | | | **First Name** | |  | | |
| **Present Work Location:** | |  | | | | | | | |
| **Work Telephone No.** | |  | | | **Work Email:** | |  | | |
| **Home Address:** | |  | | | | | | | |
| **Personal Contact No.** | |  | | | **Personal Email:** | |  | | |
|  | | | | | | | | | |
| Please view the accompanying **Case Managers Opportunities Listing**. Below, check the box beside each opportunity for which you are interested in being considered **and** write in your order preference in the space provided. | | | | | | | | | |
| **Opportunity Number** | **Order of Preference** | |  | **Opportunity Number** | **Order of Preference** |  | | **Opportunity Number** | **Order of Preference** |
| 01 |  | |  | 11 |  |  | | 21 |  |
| 02 |  | |  | 12 |  |  | | 22 |  |
| 03 |  | |  | 13 |  |  | | 23 |  |
| 04 |  | |  | 014 |  |  | | 24 |  |
| 05 |  | |  | 15 |  |  | | 25 |  |
| 06 |  | |  | 16 |  |  | | 26 |  |
| 07 |  | |  | 17 |  |  | | 27 |  |
| 08 |  | |  | 18 |  |  | | 28 |  |
| 09 |  | |  | 19 |  |  | | 29 |  |
| 10 |  | |  | 20 |  |  | | 30 |  |
|  | | | | | | | | | |
| Below, please list all positions held (including titles and work locations) that you wish to be considered toward meeting the qualifications/job requirements stated in the Case Managers Opportunities Listing *(if additional space is needed, please attach another page).* | | | | | | | | | |
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**Please Note**

The Supervisors for the opportunities are indicated on the DDS DS Case Management Opportunities List. Applicants are encouraged to contact those Supervisors if they have questions about the opportunities, prior to submitting an application.

Candidates will be selected for opportunities based on seniority, and any conditions as outlined in the Stipulated Agreement for DDS Case Management Vacancies. Candidates will be notified when assignments have been determined. *Work schedules for these opportunities are first shift, Monday through Friday, with flexibility in order to meet the needs of the agency and the individual and families we support. Employees with currently-approved Flexible Work Schedules are required to submit a new request if transferring to a new division and/or supervisor.*

**Certification**

I acknowledge that I have read all materials provided regarding the DDS DS Case Manager Virtual Job Fair. 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.

Applicant’s Signature and Date