Application for EmploymentState of Connecticut Division of Public Defender Services An Affirmative Action/Equal Opportunity Employer rev. 1/2019

Position Applying for:								
A 1: (1 NT		Person	lai	Data				
Applicant's Name:								
Date of Application:		E-:	mai	l:				
Home Phone:	Cell				Other:			
D	Phon							
Present Address: (Numb	er & Street, City	, State, Z	Zip)		T		Т	
					From:		To:	
Previous Address(es); (c	cover previous 5	years)						
					From:		To:	
					From:		To:	
					Troin.		10.	
Please answer the follow Are you legally authon Will you now or in the Yes D No	rized to work i			hip for ei				
Have you ever worked o	or attended sch	nool und	der	another i	name? 🗆 Y	es □ N	No	
If yes, please provide th								
Do you have family members currently employed by this Agency? Yes No								
If yes, Name: Relationship:								
	Educa	ational	l Ba	ickgrou	nd			
Please list all schools attended (including high school, college, graduate school, law school or other), "see resume" is not acceptable, however, a resume may be attached.								
Name & Add	ress	Graduat Yes/No		Degree	Credit hrs. (if not a graduate)	Major of stud		Class Rank (Law School)

Employment History

Please list all employment, including part-time employment. Begin with your most recent employer and work backward. If additional space is required, attach a sheet using the same format. Please also explain any gaps in employment. *Individuals applying for Attorney positions must also complete and attach the "Attorney Questionnaire" found on the Division of Public Defender Services web site.* http://www.ct.gov/ocpd forms.

Present or Most Recent Employer			
Name of Employer:	Phone Number:		
Address (Street, City, State):			
Title of Position:	Supervisor Name and title:		
Employed from (mo., yr.):	Employed to (mo., yr.):		
Description of Duties:			
Reason for Leaving:			
	Next Previous Employer		
Name of Employer:	Phone Number:		
Address: (Street, city, State)			
Title of Position:	Supervisor Name and Title:		
Employed from: (mo., yr.):	Employed to: (mo., yr.)		
Description of Duties:			
Reason for leaving:			
	Next Previous Employer		
Name of Employer:	Phone Number:		
Address: (Street, City, State)			
Title of Position:	Supervisor Name and Title:		
Employed from: (mo., yr.)	Employed to: (mo., yr.)		
Description of Duties:			
Reason for Leaving:			

Military Service				
Branch Of Service	Rank/Position	Dates of Service		

Prior State Service			
If you are or have worked for the State of Connecticut, please complete the following if not			
included in Employment History. State Employee ID#			
Job Title	Department/Agency	Employment Dates	

Licenses and Professional Certifications				
Please list any licenses or certificates you hold which are valid and in good standing,				
including driver's licenses.				
Name or Description	Tame or Description Issued by		Number	

Specialized Training or Classes Relevant to Position			
If you obtained any specialized training or classes that are relevant to this position, please list.			
Please use additional sheet if needed			
Training/Class	Given By and Date of Attendance		

Additional Information Reference Authorization				
May we contact your present and past employers?YesNo (Please explain)				
Voluntary: Are you fluent in a language other than English? Please indicate which language.				

Certification/Authorization			
I have answered all of the above questions to the best of my ability. I certify			
that I have made no misrepresentations or falsifications and that my answers			
are true, accurate, and complete and made in good faith. I understand and			
acknowledge that any omission, misrepresentation or falsification may be			
grounds to discontinue further consideration of my application, for			
termination of my employment at any time if I am hired and/or for such			
penalties as my be prescribed by law or regulation. I also understand that any			
application and appointment to a temporary position is no guarantee of			
appointment to a permanent position or future employment.			

/ A

. . .

Signed (Applicant)	Date	
Last Four (4) Digits of Social Security #		