

## Employee Information Sheet

The following information is needed to complete the form that ensures that you are placed in CORE-CT, the State's personnel management system. Please complete all of the questions accurately and return the form to the Department of social Services Human Resources Division.

The personal information requested here is being collected for use for our federal and state affirmative action reporting requirements and will be kept confidential to the full extent allowed by the law. The data will not be used for any other purposes.

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Address: \_\_\_\_\_  
Street, P.O. Box, or Rural Route  
\_\_\_\_\_  
City State Zip Code

3. Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: (City, State) \_\_\_\_\_

5. Have you worked in Connecticut State Service before: (circle one) YES NO

If yes, list all Agencies worked for: Last Agency worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Agency: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Were you a student worker or graduate assistant at a University/College operated by the State of Connecticut? (circle one) YES NO

If yes, list school name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

If you worked for another Agency or CT University or College, employee number (if known): \_\_\_\_\_

6. Do you presently hold a State job other than this one? (circle one) YES NO

7. Are you a veteran under the following definition? (circle one) YES NO

Any person who has been honorably discharged or released under honorable conditions from active service in the Armed Forces of the United States and who has performed such service in time of war {War services date: 12/07/41 to 12/31/46; 06/27/50 to 01/31/55; 12/22/61 to 07/01/75; 09/29/82 to 03/30/84; 10/25/83 to 12/15/83; 02/01/87 to 07/23/87; 12/20/89 to 01/31/90; 08/02/90 to 06/30/94; and Operation Enduring Freedom: 10/7/01 to the present}

8. What is your sex? (circle one) MALE FEMALE

9. Are you a United States citizen (circle one) YES NO

10. Are you disabled using the following definition? (circle one) YES NO

Do you have a physical or mental impairment that substantially limits one or more of your major life activities such as walking; seeing; hearing; speaking; breathing; learning; working; caring for oneself; or performing manual tasks? YES NO

**(Qualified individuals with a disability may request accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the DSS Affirmative Action Division at (860) 424-5040).**

11. Do you need an accommodation to perform the essential functions of your job? YES NO

(A copy of all "YES" responses will be forwarded to the DSS Affirmative Action Division).

12. What is your race?

(circle one) White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Native

CERTIFICATION: 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. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal from state service 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.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Information below to be completed by Human Resources Division only.**

Job Title: \_\_\_\_\_ Position # \_\_\_\_\_

Date Started: \_\_\_\_\_ Location: \_\_\_\_\_