



**GENERAL INSTRUCTIONS:
PLEASE READ BEFORE COMPLETING APPLICATION**

1. Obtain a copy of the employment announcement before completing this application. The announcement includes important information such as: the position number, closing date for applications and other job-related information. In many cases the employment announcement also contains special filing instructions which detail materials that **must** be submitted with the application form. Application forms can be obtained from the LCS Internet Site (<http://www.lcs-ct.org>).
2. Applications must be date stamped by LCS/Human Resources or postmarked by the closing date. Late or incomplete application packages will not be accepted. Resumes must be included as a supplement to the application form but they will not substitute for any information required on the application form.
3. **Applications received for which there is no current employment announcement will be returned.**
4. Type or print (in ink) all information.
5. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
6. Write your social security number on all pages and on any attached pages.
7. Keep this page for yourself.
8. Mail applications to LCS/Human Resources, 184 Wethersfield Avenue, Hartford, CT. 06114. The preferred method of submitting application materials is via fax. **When faxing materials, keep a copy of your completed application form and the fax transmittal receipt for your records.** Due to the large number of applications received, we cannot confirm receipt of applications. Do not mail a copy of your application form if you have faxed the materials.
9. A separate application form must be submitted for each employment posting you are applying for.
10. In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States.



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			Desired Salary
Position Applied for			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you related to anyone employed at Latino Community Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Latino Community Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	



PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



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 Transgender

B. RACE/ETHNIC DATA

- BLACK (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.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 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.
- ASIAN OR 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.

C. PRIMARY SOURCE OF JOB INFORMATION:

Where did you learn about this examination or employment opportunity?

Check the appropriate box(es) below:

- Latino Community Services Internet site.
- Newspaper, professional journal, radio or TV advertisement (Write in which)
- Hispanic Professionals Network Posting
- CT Association of Nonprofits
- Idealist.org
- Indeed.org
- Direct e-mail or paper mailing
- Present LCS employee : Name: _____
- Career fair
- Other: Please specify: _____