

APPLICATION FOR EMPLOYMENT

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SOCIAL SECURITY NUMBER

LATINO COMMUNITY SERVICES

INSTRUCTIONS: Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to ALL questions.

FM		PM	DIS	FSC	Reason for Disapproval		DIS Date	SUBJECT TO:			
DO NOT WRITE in shaded area		1. Lack of Gen. Exp.		3. Lack of Sp. Exp.							
		2. Length of Gen. Exp.		4. Length of Sp. Exp.							
		5. Other _____									
		POSTION TITLE		POSITION NO.							
		NAME (Last)			(First)			(MI)	SUFFIX (JR., DR.)		
ADDRESS (Number and Street)											
CITY						STATE	ZIP CODE (Last 4 digits are optional)				
AREA CODE			HOME PHONE NUMBER			AREA CODE		BUSINESS PHONE NUMBER		EXTENSION	
Cellular Phone Number:		Area Code		Cell Phone Number		E-mail Address:					
May we call you at work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are 17 years old or younger, enter your age			
What kind of position are you applying for?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Either		Were you ever employed by Latino Community Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If a current employee give title.		Is this a full time position?		Major Department (Ex: Care and Supportive)		Program within department (Ex: Transportation)					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
EDUCATION: Have you graduated from High School or received a High School equivalency diploma <input type="checkbox"/> Yes <input type="checkbox"/> No											
If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12											
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?			
			FROM	TO							
TECHNICAL OR BUSINESS											
COLLEGE OR UNIVERSITY											
OTHER EDUCATION											
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)											
KIND(S)		ISSUED BY		DATE ISSUED		EXPIRATION DATE		NO.			
Do you speak, read or write a language other than English?		<input type="checkbox"/>		Yes (specify language)		(This information is voluntary unless required by the exam announcement.)					

SOCIAL SECURITY NUMBER:

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INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		# of Hours per week	Circle One Full Time Part Time
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

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 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: _____

APPLICANT DATA

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CONTACT: May we contact your present employer?

Yes No

CRIMINAL CONVICTIONS: Answers to the following question will be considered for employment purposes if relevant to the position for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

Yes No

If, "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

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

B. RACE/ETHNIC DATA

- 1. BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- 2. HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- 3. WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 4. 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.
- 5. 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.

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C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es) below:

- 1. Latino Community Services Internet site.
- 2. Newspaper, professional journal, radio or TV advertisement (Write in which)
- 3. Hispanic Professionals Network Posting
- 4. Direct e-mail or paper mailing
- 5. Present LCS employee.
- 6. Career fair.
- 7. Other: Please specify: _____

PLEASE READ BEFORE COMPLETING APPLICATION

GENERAL INSTRUCTIONS:

1. Obtain a copy of the employment announcement before completing this application. The announcement includes important information such as: minimum requirements for submission to the examination, 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.