



SEED PROGRAM

Department of Continuing Education
44 Squadron Line Road - Simsbury, CT 06070

EMPLOYMENT APPLICATION FORM

It is the policy of SEED Program to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

| | | |
|-------------|--------|--------------------|
| NAME: | | DATE: |
| TOWN: | STATE: | ZIP CODE: |
| ADDRESS: | | APT #: |
| EMAIL: | | 18 YEARS OR OLDER? |
| HOME PHONE: | | CELL PHONE: |

| | | |
|---|---|--|
| <input type="checkbox"/> SITE MANAGER | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> JUNIOR AIDE (HIGH SCHOOL STUDENTS ONLY) |
| <input type="checkbox"/> ASSISTANT SITE MANAGER | | <input type="checkbox"/> MORNING SITE MANAGER (SQL ONLY) |
| <input type="checkbox"/> SENIOR AIDE | | <input type="checkbox"/> MORNING SENIOR AIDE (SQL ONLY) |

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|---|---|
| <p>DATE AVAILABLE TO BEGIN WORK:</p> <p>_____ / _____ / _____</p> | <p>DAYS AVAILABLE TO WORK:</p> <p>(PLEASE CHECK)</p> <p><input type="checkbox"/> MONDAY <input type="checkbox"/> THURSDAY</p> <p><input type="checkbox"/> TUESDAY <input type="checkbox"/> FRIDAY</p> <p><input type="checkbox"/> WEDNESDAY</p> |
|---|---|

| INSTITUTION NAME | LOCATION | MAJOR OF STUDIES | DEGREE/CERT. / YEARS |
|------------------|----------|------------------|----------------------|
| | | | |
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SEED EMPLOYMENT APPLICATION FORM CONTINUED

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

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| LIST THE SPECIFIC SKILLS/ABILITIES WHICH YOU POSSESS THAT ARE RELEVANT TO THE POSITION |
| |
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| | | | |
|---------------------------|-----------|------------------------------------|------------------------------------|
| LAST OR PRESENT EMPLOYER: | | POSITION: | |
| SUPERVISOR: | PHONE : | | HRS/WK: |
| REASON FOR LEAVING: | | RATE OF PAY/SALARY: | |
| START DATE: | END DATE: | <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME |

| | | | |
|---------------------------|-----------|------------------------------------|------------------------------------|
| LAST OR PRESENT EMPLOYER: | | POSITION: | |
| SUPERVISOR: | PHONE : | | HRS/WK: |
| REASON FOR LEAVING: | | RATE OF PAY/SALARY: | |
| START DATE: | END DATE: | <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME |

| | | | |
|---------------------------|-----------|------------------------------------|------------------------------------|
| LAST OR PRESENT EMPLOYER: | | POSITION: | |
| SUPERVISOR: | PHONE : | | HRS/WK: |
| REASON FOR LEAVING: | | RATE OF PAY/SALARY: | |
| START DATE: | END DATE: | <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME |

| NAME | RELATIONSHIP TO APPLICANT | PHONE NUMBER |
|------|---------------------------|--------------|
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All prospective employees and volunteers will be subject to a criminal history check as well as fingerprints and a DCF background check. This check is confidential and open to explanations. By signing on the line below, you are both authorizing this background check and confirming that all information listed above are valid and truthful to the best of your knowledge.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a staff member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I consent to the release of information about my ability and fitness for service as a SEED staff member by my workplace, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the SEED Program.

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|------------------------|-------|
| APPLICANT'S SIGNATURE: | DATE: |
|------------------------|-------|

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|----------------------------|
| APPLICANT'S PRINTED NAME : |
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