

**JOINT COMMITTEE ON LEGISLATIVE MANAGEMENT
ROOM 5100, LEGISLATIVE OFFICE BUILDING
Hartford, CT 06106-1591**

APPLICATION FOR EMPLOYMENT

General Instructions

Please complete all information requested on this form in ink. Do not include extraneous or non-responsive information. If a question does not apply to you, please write "N/A" in the space provided. If you need additional space to respond, attach a separate sheet indicating the section to which you are responding. The Joint Committee on Legislative Management may reject any application that is incomplete.

If you fail to provide complete information on this application form, or if you provide any false or misleading information here or in any part of the application process, your application will not be considered further. If you are employed by the Joint Committee on Legislative Management, the discovery of omissions, misrepresentations or misleading information in the application process will be grounds for termination of employment.

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The policy of the Joint Committee on Legislative Management is to provide equal opportunity to all prospective employees without regard to race, religious creed, color, sex, age, national origin, ancestry, veteran status, sexual orientation, marital status, present or past history of mental disorder, learning disability, mental retardation, physical disability except in cases of bona fide occupational qualification or other protected class status under applicable law. Moreover, the Joint Committee on Legislative Management does not discriminate against any "qualified applicant with a disability" and will make reasonable accommodations that do not impose an undue hardship for individuals who are physically challenged or otherwise disabled as defined by the Americans with Disabilities Act. If you require reasonable accommodation to complete this application or any other aspect of the selection process, please contact the Personnel Administrator in the personnel department of the Office of Legislative Management at 240-0100.

PERSONAL

Last Name	First	Middle	Date ____ / ____ / ____
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with the Joint Committee on Legislative Management? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Position _____			Salary Expectation
Position Desired			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? (If hired you must complete federal government form I-9) <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____
How did you learn of our organization? If newspaper ad, please indicate which newspaper.			

EDUCATION

SCHOOL	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (languages, machine operation, etc.)					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those that may disclose your race, color, religious creed, sex, national origin or sexual orientation, etc.)					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone ()
Address	Employed (Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason for Leaving

Name _____ Position Desired _____

CRIMINAL HISTORY

Please answer the following question:

“Conviction” for this application, means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s), the record(s) of which have been **erased under law**. Such records can include records pertaining to a finding of delinquency or that a child was a member of a family with service needs (Connecticut General Statutes § 46b-146), an adjudication of a youthful offender (Connecticut General Statutes § 54-76o) or 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 (Conn. Gen. Stat. §54-142a).

Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire of the Personnel Department in the Office of Legislative Management.

Have you ever been convicted of a crime? No Yes If yes, please explain

Note: A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account.

VOLUNTARY SELF-IDENTIFICATION (CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reports or similar government requirements.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms of conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire.

SEX: FEMALE MALE

RACE/ETHNIC DATA

- BLACK OR AFRICAN AMERICAN (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- HISPANIC OR LATINO: Persons of Mexican, Puerto Rican, Cuban, 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 South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- OTHER

Indicate if you believe you qualify as a member of any of the categories listed below:

Veteran Viet-Nam Era Veteran Veteran with Disabilities

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date and type of Final Discharge

DISCIPLINARY

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain. _____

Have you ever been disciplined or discharged for fighting, assault, or a related offense? Yes No If yes, Please explain. _____

CERTIFICATION

I have answered all of the above questions to the best of my ability. I hereby certify that there are no omissions of any kind, and no misrepresentations or falsifications, and that the above answers are true and accurate and are made in good faith. I understand and acknowledge that any omission I have made or misrepresentation or falsification may be grounds to discontinue further consideration of my application, or for immediate termination of my employment at any time if already hired. I further understand and acknowledge that, if the Joint Committee on Legislative Management offers me employment, such employment is on an at-will basis, and that both the Joint Committee on Legislative Management and I shall be free to end the employment relationship at any time and for any reason, should I choose to accept the offer. In the event of my employment by the Joint Committee on Legislative Management, I will comply with all rules and regulations adopted and distributed to all employees by the Joint Committee on Legislative Management, and as the same may from time to time be amended.

Print Name

Signature

Date

FOR EMPLOYER'S USE ONLY

TEST RESULTS

Test	Raw Score	Rating	Analysis and Comments