



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5228 • FAX # 860-465-4652

APPLICATION FOR EMPLOYMENT

Eastern is committed to excellence through diversity; and as such, we encourage applications from all people, including women, members of ethnic/racial minorities and protected classes, veterans, and persons with disabilities.

EMPLOYMENT APPLICATION PROCEDURE

1. Complete all applicable sections of the application.
2. Type or print in ink all requested information.
3. Sign and date the application
4. Attach a resume (optional)
5. Submit all materials to:

OFFICE OF HUMAN RESOURCES
 Eastern Connecticut State University
 83 Windham Street
 Willimantic, CT 06226

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you require special accommodations for interviewing, please contact the University 48 hours in advance. Telephone: 860-465-5791.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Former Name		Social Security Number		
Preferred Prefix: <input type="checkbox"/> None <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Suffix: (ie., Jr., Sr., etc.)		
Street Address		City	State	Zip
Email address	Home telephone ()		Work telephone ()	

Is your home number unlisted? Yes No May we call you during the day? Yes No

It is the practice of the University to make an effort to protect the confidentiality of our employees and not release the home address and telephone number(s) of employees. There may be emergencies or unusual circumstances when the University needs to contact employees at home for business related reasons.

EMPLOYMENT DESIRED

Position applying for: _____

Will consider: Full-time Part-time Temporary Days Evenings

If employed, and you are under 18, can you furnish a work permit? Yes No

Have you ever applied to or worked for Eastern? Yes No

Have you ever been or are you employed by any Connecticut State Agency? Yes No

If Yes, give Employer(s) and Date(s) _____

On what date would you be available to work? _____

List professional designations and licenses (in good standing) that you currently hold (e.g., R.N., LPN, MD, FSA bar membership, CLU, CPP, NASD).

Agency Issuing _____ Expiration Date _____

EDUCATION		
Certificates and Diploma's	Institution	Year of Graduation
<input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2-year Certificate		
Bachelor's Degree: <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> B.F.A. <input type="checkbox"/> B.S. Ed. <input type="checkbox"/> Other _____		
Master's Degree: <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> M.Ed. <input type="checkbox"/> M.F.A. <input type="checkbox"/> M.L.S. <input type="checkbox"/> M.B.A. <input type="checkbox"/> M.P.A. <input type="checkbox"/> M.S.W.		
Doctorate: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> Other _____		
Other Degrees: <input type="checkbox"/> M.D. <input type="checkbox"/> 6th Yr. <input type="checkbox"/> C.P.A. <input type="checkbox"/> J.D. <input type="checkbox"/> Other		

REFERENCES	<input type="checkbox"/> Resume on file or attached
Please list three individuals, other than relatives, who can provide information concerning your work ability.	
May we contact the current supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____ Address _____ Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____	
Name _____ Address _____ Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____	
Name _____ Address _____ Occupation _____ Telephone (between 9 a.m. and 5 p.m.) _____	

EMPLOYMENT EXPERIENCE

Resume on file or attached

Present or most recent position first.
It is necessary to complete each item below.

Current Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	or Hourly Rate
Address	Telephone ()	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title/duties	If yes, name and number of current supervisor	
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	or Hourly Rate
Address	Telephone ()	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title/duties	If yes, name and number of current supervisor	
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	or Hourly Rate
Address	Telephone ()	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title/duties	If yes, name and number of current supervisor	

Explain any period between any of the jobs listed above _____

Have you ever been discharged from any employment or asked to resign? Yes No
If yes, please explain:

MILITARY SERVICE	
Branch	
Rank	Date of Service
(Please note: A dishonorable discharge or general discharge is not an absolute bar to employment)	
Optional: If you need additional space, please continue on another sheet (regarding previous positions), or attach resume.	

ATTENDANCE AND PUNCTUALITY INFORMATION
Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with ECSU? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain

Position Applying For: _____

**APPLICATION VOLUNTARY DATA ADDENDUM -
Equal Employment Opportunity Survey Sheet**

Information provided by you in this section will be used only in accordance with State and Federal Reporting Requirements. This data will be kept confidential. This page will not be viewed by the Search Committee. Refusal to provide this information will not subject you to adverse action.

I. Personal Information

Eastern Connecticut State University does not discriminate on the basis of race, color, religious creed, age, gender, gender identity or expression, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, veteran status, sexual orientation, genetic information or criminal record.

The following person has been designated to handle inquiries regarding the non-discrimination policies: Stacey Close, Associate Vice President for Equity and Diversity, 860-465-5791, closes@easternct.edu.

Name (Last, First, M.I.)

Sex: Female Male

II. Ethnic Race:

- White (not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin)** - All persons having origin in any of the Black Racial groups of Africa.
- Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- Asian/Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.
- American Indian or Native American** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other

III. Disability Status

Are you disabled as defined below? Yes No

If yes, is it a military service disability? Yes No

Definition - Disabled: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such impairment. For EEO purposes, a disabled person is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of disability.

May we release this information to hiring departments? Yes No

Type of disability _____

IV. Veterans Status:

- 1. **Non-Veteran**
- 2. **Veteran of the Vietnam Era:** A person who served on active duty for more than ninety (90) days, any part of which occurred between 12/22/61 and 7/1/75, and was discharged or released there from which other than a dishonorable discharge, or was discharged from active duty for a service-related disability if any part of the active duty was between 12/22/61 and 7/1/75.
- 3. **Veteran of Non-Vietnam Eras**
- 4. **Disabled Veteran:** A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty (30) percent or more, or a person whose discharge or release from active duty was a disability incurred or aggravated in the line of duty.

SIGNATURE: _____

DATE: _____

ADDITIONAL INFORMATION

Summarize special job-related skills, qualifications, or training acquired. (Example: Bilingual, military training, etc.)

Computer Use PC Apple Macintosh

Software Applications

Special Skills

Machinery/Equipment Operated

Occupational Licenses or Certificates

Do you have a valid driver's license? Yes No

Referral Sources Employee List Word of Mouth (Friends/Colleague) ECSU Web Page
 Newspaper Ad. Which paper?

Is any member of your family an employee of ECSU Yes No

If yes: Name

Department

Relationship

If employment is offered, you will be required to submit documents to establish your identity and verification of your legal right to work in the United States within three days after commencement of employment.

APPLICANT'S STATEMENT: PLEASE SIGN

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the University.

I understand that consideration for employment at ECSU is contingent upon the results of the reference and background review. I hereby authorize ECSU and its agents to investigate the truthfulness of all information I have provided in my application, resume and other attachments. I authorize ECSU to discuss the results of such a review with ECSU employees involved in the hiring process. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to ECSU and its agents. I agree to execute any consent forms necessary for ECSU to conduct its lawful pre-employment checks.

Signature of Applicant

Date