



APPLICATION FOR EMPLOYMENT

DOT APPROVED

(Must be completed in its entirety. Attaching a resume or “see resume” is not acceptable.)

APPLICANT NAME: _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS: _____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE) (If less than 5 years, see below)

TELEPHONE: Cell _____ Home _____ EMAIL: _____

PREVIOUS FIVE YEARS RESIDENCY *Attach sheet if more space is needed*

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

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(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

TO BE COMPLETED BY EMPLOYER UPON HIRE.

DATE OF HIRE _____ DATE OF BIRTH _____ SOCIAL SEC NO. _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, disability, marital status, or any other legally protected status.

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE OPERATING A SCHOOL BUS OR STUDENT TRANSPORTATION VEHICLE During the past three (3) years – (CT General Statutes 14-275c-51(4))

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR –TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) (CT General Statutes 14-275c-51(5))

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

PLEASE LIST ALL MOTOR VEHICLE LAWS OR ORDINANCES OF ANY JURSDICTION (OTHER THAN MINOR VIOLATIONS OR INFRACTIONS INVOLVING ONLY PARKING) OF WHICH THE APPLICANT WAS CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST FIVE (5) YEARS) (ATTACH SHEET IF MORE SPACE IS NEEDED) (CT General Statutes 14-275c-51(6))

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

**PLEASE LIST ANY CRIMINAL CONVICTIONS (EXCEPT FOR MOTOR VEHICLE VIOLATIONS
IN ANY JURISDICTION FOR THE PAST FIVE (5) YEARS (CT General Statutes 14-275c-51(8))**

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF AT LEAST TWO REPUTABLE CITIZENS
WHO SHALL VOUCH UNDER OATH FOR THE GOOD CHARACTER OF THE APPLICANT (CT
General Statutes 14-275c-51(11))**

NAME	ADDRESS	TELEPHONE NUMBER

****THE FOLLOWING IS TO SERVE AS NOTIFICATION THAT ANY APPLICANT FOR THE
POSITION OF A SCHOOL BUS DRIVER OR STUDENT TRANSPORTATION VEHICLE
DRIVER IS REQUIRED TO SUBMIT TO A URINALYSIS DRUG TEST IN ACCORDANCE
WITH CT GENERAL STATUTES 14-276A (D)**

EMPLOYMENT HISTORY RECORD

Employment history must go back twenty (20) years or all applicable. Attach sheet if more space is needed.

List the complete mailing address: Street number and name, City, State and Zip Code.

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

May we contact this previous employer? Yes No Did this position involve contact with children? Yes No

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

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May we contact this previous employer? Yes No Did this position involve contact with children? Yes No

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS _____ **PHONE** _____

POSITION HELD _____ **FROM** _____ **TO** _____ **SALARY** _____

REASON FOR LEAVING _____

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May we contact this previous employer? Yes No Did this position involve contact with children? Yes No

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Grad School: 5+

Type of School	School Name and Location	Year of Graduation	Course of Study or Major
High School			
College/University			
Trade School			
Graduate School			
Other			

MILITARY SERVICE

Branch _____ Number of Years Served: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SPECIFY ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY SCHOOL:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

HOW DID YOU LEARN ABOUT US?

Advertisement: _____ Friend: _____
(Name of website/newspaper) (Name)

Employment Agency: _____ Relative: _____
(Name) (Name)

Other: _____
(Please specify)

Have you ever been employed with us before?

Yes No If yes, when? _____ What position? _____

Do any of your friends or relatives, other than spouse, work here?

Yes No If yes, state name, relationship, and position: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Are you a U.S. citizen?

Yes No (Proof of citizenship or immigration status will be required upon employment)

If no, are you an alien authorized to work in the U.S.?

Yes No

Position Applied For: _____ Date Available for Work: _____

Salary Range Desired: _____ Full-Time Part-Time Temporary

PROFESSIONAL REFERENCES

Please list three professional references who can provide first-hand knowledge directly relating to your qualifications for the position in question.

Name: _____ Telephone: _____

Address: _____

How does this reference know you? _____ Number of years known: _____

Name: _____ Telephone: _____

Address: _____

How does this reference know you? _____ Number of years known: _____

Name: _____ Telephone: _____

Address: _____

How does this reference know you? _____ Number of years known: _____

BACKGROUND and CRIMINAL HISTORY

Please read carefully and answer yes or no for each question before signing.

1. Have you ever been convicted of a crime, or are criminal charges pending against you? Yes No
If yes, please provide details of such conviction or pending charges on an additional sheet of paper.
2. Have you ever been employed by a local or regional board of education, a private school, a governing council of a state or local charter school, an interdistrict magnet school operator or other employment (including unpaid or volunteer employment) that caused you to have contact with children? Yes No
3. Have you ever been the subject of an abuse or neglect or sexual misconduct investigation by any employer, state agency or municipal police department, unless the investigation resulted in a finding that all allegations were unsubstantiated? Yes No
If yes, please provide specific details of such investigation including dates on an additional piece of paper.
4. Have you ever been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect was pending or under investigation by the Department of Children and Families (or its equivalent), or an allegation of sexual misconduct was pending or under investigation or due to an allegation substantiated pursuant to C.G. S. section 17a-101g of abuse or neglect, or of sexual misconduct or a conviction for abuse or neglect or sexual misconduct? Yes No
If yes, please provide specific details of the incident(s) on an additional piece of paper.
5. Have you ever had a professional or occupational license or certificate suspended or revoked or have you ever surrendered such a license or certificate while an allegation of abuse or neglect was pending or under investigation by the Department of Children and Families (or its equivalent), or an investigation of sexual misconduct was pending or under investigation, or due to an allegation substantiated by the Department of Children and Families (or its equivalent) of abuse or neglect or of sexual misconduct or a conviction for abuse or neglect or sexual misconduct? Yes No
If yes, please provide specific details of such allegation or investigation including dates on an additional piece of paper.
6. Have you ever been involuntarily terminated from your employment or a voluntary position? Yes No
Which employer(s) _____
If yes, please explain the circumstances of such involuntary termination on a separate sheet of paper and attach this sheet to this application.
7. Is there a reason any past employer would give you a negative reference? Yes No
Which employer(s) _____ *If yes, who and why? Please use an additional sheet of paper if necessary and attach this sheet to this application.*
8. Have you ever been disciplined or discharged by an employer for making threats, fighting, or participating in any incidents involving violence? Yes No
If yes, please provide the approximate dates and a description of the incident on a separate sheet of paper and attach this sheet to this application.

Name (print): _____ **Date:** _____

Signature: _____

CERTIFICATION, CONSENT, and RELEASE

Please initial and sign below only if you understand all the terms and conditions outlined in this application.

I certify that I have completed this application (including attachments) and that my answers are true, accurate and complete, to the best of my knowledge. I understand and agree that providing false or misleading information or significant omissions will disqualify me from further consideration for employment and will be cause for my immediate termination if discovered at a later date. Further, I understand and agree that employment with the School is for no definite period and may be terminated at any time without prior notice, with or without cause. _____ **Initials**

In connection with my application for employment, I authorize and consent to the School investigating all statements contained in this application for employment including information from my past and current employers and schools attended. I expressly give my consent and authorize past and current employers, law enforcement agencies, governmental agencies, references, and academic institutions to provide any information regarding my background and suitability for employment at the School. This includes, my job performance, appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history and academic credentials. _____ **Initials**

I further consent to the disclosure of any and all information about me contained in private and governmental files relative to this application for employment or relating to my present and former employment history, and I request all former employers and federal, state and local governmental and law enforcement agencies to supply such information to the School. The School is also authorized to make any investigation of my personal history, driving history, sexual offender registry, criminal and civil court history, and financial and credit record through any investigative or credit agencies or bureaus of its choice. _____ **Initials**

I voluntarily and knowingly release all former and current employers, law enforcement agencies, governmental agencies, references, academic institutions and the School from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the School. I waive all rights to bring any action for defamation, invasion of privacy, or similar causes of action against the School, any individual, law enforcement, governmental, or business entity providing or seeking such information. _____ **Initials**

I understand employment with The Rectory School is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ **Initials**

I understand and agree that, if employed, my employment has no specified term and is based upon mutual consent. I also understand that my employment may be terminated at will, with or without cause, by either party (The Rectory School or me) without prior notice to the other, unless prohibited by law. _____ **Initials**

I understand that no promise or other representation, whether oral or written, by any employee or representative of The Rectory School, at any time, constitutes a contract of employment or change to my employment at will status. I further understand no employee or representative of The Rectory School has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment. I understand that, if employed, I will be employed at will. _____ **Initials**

I understand that upon receiving a conditional offer of hire from the School, I will be required to and hereby consent to submit to an extensive background check, including, but not limited to, a check of the Department of Children and Families abuse and neglect registry, a state and national criminal history records check, and the Connecticut Department of Education records. Such background check also may include a credit check if applicable to the position and possibly a drug test and medical examination (based on the position) prior to actual employment. I understand that all such background checks referenced herein are a condition of my employment. _____ **Initials**

I understand that if hired, I am expected to abide by all School rules, regulations, and policies, (which include mandatory drug testing at time of hire) written or unwritten. _____ **Initials**

I authorize the School, its agents, and employees to provide my employment record or information obtained during the course of the investigation of me in connection with my application for employment at the School, in whole, or in part, to any prospective employer, governmental agency, or other party with a proper and appropriate interest. I voluntarily and knowingly release the School, its agents, and employees from any and all liability arising from their providing such information to any prospective employer, governmental agency, or other party with a proper and appropriate interest and waive all rights to bring any action for defamation, invasion of privacy, or similar causes of action against the School, any individual, law enforcement, governmental, or business entity providing or seeking such information. _____ **Initials**

Name (print): _____ **Date:** _____

Signature: _____

STATE OF CONNECTICUT Educational Employer Verification (in accordance with Public Act 16-67)

The following State of Connecticut form must be filled out for each previous job in which you had contact with children.

Fill out Section 1 for each of your former or current employers.

Make as many copies of the form as necessary.

Return the form with Sections 1 and 3 filled out to Victoria Leveille, Payroll & Benefits Administrator, Rectory School.

If you have any questions, call or email Ms. Leveille at 860.928.1591 or Victoria.levaille@rectoryschool.org

STATE OF CONNECTICUT
Educational Employer Verification
(in accordance with Public Act 16-67)

Directions for School District/Entity Considering Applicant for Employment: Each local or regional board of education, governing council of a state or local charter school or an interdistrict magnet school operator is required to obtain the information listed on this form from ALL current or former employer(s) of the applicant if such employer was a local or regional board of education, a governing council of a state or local charter school, an interdistrict magnet school operator or if the employment caused the applicant to have contact with children. Applicants are required under the law to provide a prospective employer with the name, address and telephone number of all current or former employers that meet the above criteria. Information may be collected either through a written communication or telephonically.

Directions for Current/Previous Employer: The applicant listed below is under consideration for a position with the school/district listed below in Section 2. The individual identified below has reported current/previous employment with your organization or contractual services with your organization in a position in which he/she had contact with children. As required by Connecticut General Statutes Section 10-222c, as amended by Public Act 16-67, please provide the information requested in Section 3. In accordance with the provisions of Public Act 16-67, you are required to respond to this request within five business days.

Section 1 – To be completed by the Applicant

Name of applicant	
Former name(s) (if applicable)	
Street address	
City, State, Zip Code	
Approximate dates of employment with employer listed in Section 3 of this form	
Position held with employer listed in Section 3 of this form	

Section 2 – To be completed by the Prospective Employer

Name of prospective employer	
Street address of prospective employer	
City, State, Zip Code	
Contact person	
Telephone number/email address	

Section 3 – To be completed by the Current/Former Employer

Name of employer	
Date of receipt of this notice	
Date of employment of above named applicant	
Contact person	
Telephone number/email address	

To your knowledge, has the Applicant ever:

- Yes No** Been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated?
- Yes No** Been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?
- Yes No** Had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct?

Signature of Superintendent or HR Director

Date

Return all completed information to the Prospective Employer listed in Section 2 of this form.

NOTES:

The terms provided below are currently defined in state law as follows. Please note that statutes may be amended from time to time.

Sexual Misconduct – “any verbal, nonverbal, written or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialog, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature and any other sexual, indecent or erotic contact with a student.” Connecticut General Statutes § 10-222c(k).

Abuse or neglect – “abuse or neglect as described in Section 46b-120, and includes any violation of Sections 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a.” Connecticut General Statutes § 10-222c(k).