# Application for Employment

# at Connecticut Programs

**Equal access to programs, services, and employment is available to all persons. Those applicants requiring an accommodation to the application and/or interview process should contact a representative of the Human Resource Department.**

## Position

|  |  |
| --- | --- |
| **Position applying for:** |         |
| **Type of employment desired:**  | [ ]  **Full-time** [ ]  **Part-time** [ ]  **School year only** [ ]  **Summer program only** [ ]  **Full year** |
| **Referral source:**  | [ ]  **Newspaper ad** [ ]  **Current employee** [ ]  **Relative** [ ]  **Walk-In** [ ]  **Employment Agency** |

## Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First name:** |        | **Middle:** |        | **Last:** |         |
| **Street:** |        | **Home phone:** |        |
| **City:** |        | **Mobile phone:** |         |
| **State/Zip:** |        | **Email:** |         |

## Other Candidate information

|  |
| --- |
| **Are you under 18 years of age?** **Yes** [ ]  **No** [ ]  **Can you furnish a work permit?** **Yes** [ ]  **No** [ ]   |
| **Have you ever been employed by Playful Minds before?** **Yes** [ ]  **No** [ ]   |
| **If yes, please provide dates and position head.** |         |
| **Do you have a driver’s license?** | **Yes** [ ]  **No** [ ]   | **Are you a veteran of U.S. military service?** | **Yes** [ ]  **No** [ ]   |
| **Has DSS or anyone filed a 51A or 51B report against you?** **Yes** [ ]  **No** [ ]   |
| **If yes, please explain.** |        |

## Compensation

**What hourly compensation range are you looking for?** **$** **per hour TO $**       **per hour**

## Employment History

**Current employer or volunteer experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** |         | **Job Title:** |         |
| **Address:** |        | **Dates employed:** |         |
| **City/State:** |         |  |  |
| **Phone:** |        |  |  |
| **Reason for leaving:**  |       |
|  |

**Previous employers or volunteer experiences (up to 3, if previously employed):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** |         | **Job Title:** |         |
| **Address:** |        | **Dates employed:** |         |
| **City/State:** |         |  |  |
| **Phone:** |        |  |  |
| **Reason for leaving:**  |       |
| **Employer:** |       | **Job Title:** |        |
| **Address:** |        | **Dates employed:** |         |
| **City/State:** |         |  |  |
| **Phone:** |        |  |  |
| **Reason for leaving:**  |       |
|  |
| **Employer:** |         | **Job Title:** |         |
| **Address:** |        | **Dates employed:** |         |
| **City/State:** |         |  |  |
| **Phone:** |        |  |  |
| **Reason for leaving:**  |       |

## Education

**Please indicate highest level of education completed.**

**Grade: 1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]  **6** [ ]  **7** [ ]  **8** [ ]  **9** [ ]  **10** [ ]  **11** [ ]  **12** [ ]

**College: 1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]

## Friends/relatives

|  |
| --- |
| **Do you have a friend or relative that currently or previously worked for Playful Minds?** **Yes** [ ]  **No** [ ]   |
| **If yes, please provide name(s):** |         |

## References

**List names and phone numbers of three references business or work who are not related to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Phone:** |       |
| **Name:** |         | **Phone:** |        |
| **Name:** |         | **Phone:** |         |

## Certification/Signature

**Massachusetts General Law c. 149, 19B requires the following statement. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

**Certification – please read carefully before signing.**

1. I understand that the receipt of this application does not imply that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand and agree that false or materially inaccurate information on this application will be cause for disqualification for employment or dismissal at any time after employment.
3. I give Playful Minds the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Playful Minds and its representatives for seeking such information and all other persons, agencies, corporations, or organizations for furnishing or disclosing such information.
4. I understand that Playful Minds requires a Criminal Offenses Record Inquiry (CORI) check on all prospective employees for certain positions. Unless otherwise provided by law, a conviction will; nor necessarily disqualify an applicant from employment.
5. Playful Minds is an Equal Opportunity Employer. Playful Minds does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.
6. This application is current for only 60 days. At the conclusion of this time, if I have not heard from Playful Minds and still wish to be considered for employment, it will be necessary to fill out a new application.
7. I understand that all employees of Playful Minds are employees at-will. If hired, I will be free to resign at any time. Likewise, Playful Minds will have and reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Playful Minds has the authority to make any assurance to the contrary. Neither this application, the Employee Handbook, or any other documents given to employees is intended to create, nor should such documents be construed as creating an express or implied contract.
8. I understand it is Playful Minds policy not to refuse to hire a qualified individual with a disability because of such person’s need for an accommodation that would be required by the ADA.

**My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |       |

**Go to the next page, print, and fill in the from**

**the CT Department of Children & Families**

