

APPLICATION FOR TEMPORARY EMPLOYMENT



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES 450 COLUMBUS BLVD HARTFORD, CT 06103

An Affirmative Action/Equal Employment Opportunity Employer

1. Type or print (in ink) all information requested on the application form. It is critical that you complete all sections of the application form and that all of the information you provide is true and accurate. **You must fill out this application completely even if a resume is being attached.**
IF THIS APPLICATION IS NOT COMPLETED IN FULL, WE WILL NOT CONSIDER YOU FOR AN INTERVIEW.
2. If you are contacted for an interview, you will be expected to provide DRS with letters of reference from previous employers.
3. Completely fill in the employment history portion with company names and addresses, supervisor names and phone numbers and the dates of your employment.
4. **Even though not required, the addition of a RESUME is preferred**

NAME Last		First		Middle Initial	Date:
ADDRESS	No. and Street	City or Town	State	Zip Code	
Business Phone Number:	Home Phone Number:	Cell Phone Number:	Email Address:		

Are you presently employed by the State of Connecticut? Yes No If "yes" your Job Title _____

Were you ever employed by the State of Connecticut? Yes No If "yes" when and where _____

Have you used other names in previous jobs? Yes No If "yes," specify _____

Can you travel if the job requires it? Yes No

Are you under the age of 17? Yes No

Do you have any valid licenses or certificates which authorize you to practice a profession or a trade? Yes No Type: _____ Issued by: _____
Date: _____ No. _____

INDICATE SKILLS YOU HAVE BY CHECKING ALL APPROPRIATE BELOW:

<input type="checkbox"/> Spreadsheets: Excel	<input type="checkbox"/> Encoder S/HR:	<input type="checkbox"/> Languages other than English
<input type="checkbox"/> Databases: Access	<input type="checkbox"/> Data Entry S/HR:	Please specify
<input type="checkbox"/> I am proficient in the following Software Applications _____		<input type="checkbox"/> speak fluently
		<input type="checkbox"/> write fluently

APPLICANT EDUCATION:

Have you graduated from high school or received a high school equivalency diploma (GED)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the highest level of education you have completed:	Name of institution	
Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>
	Doctorate <input type="checkbox"/>	Law <input type="checkbox"/>
		None <input type="checkbox"/>
If None, please indicate the number of credit hours completed _____		

EMPLOYMENT HISTORY (Additional pages may be added if needed for further employment history. Although not required, a Resume is the preferred method of additional employment history)

Position 1:

Name of Employer:	Address:	Telephone Number:
Name and Title of Supervisor:	Employed from: (Mo./Yr.)	Employed to: (Mo./Yr.)
Your Job Title:	Salary:	Hours per week:
Reason For Leaving:		

Description of Duties and Responsibilities:

Last Name _____ First Name _____ Date _____

Position 2:

Name of Employer:		Address:		Telephone Number:	
Name and Title of Supervisor:			Employed from: (Mo./Yr.)		Employed to: (Mo./Yr.)
Your Job Title:		Salary:	Hours per week:		Reason For Leaving:
Description of Duties and Responsibilities:					

PROVIDE A DESCRIPTION OF VOLUNTEER EXPERIENCE THAT WOULD BE OF PARTICULAR VALUE FOR THIS POSITION:

APPLICANT CERTIFICATION:

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Applicant signature: _____
(Signature is required)

Date: _____

NOTE: A typed name will substitute for a handwritten signature.

TO REQUEST AN ACCOMMODATION:

Qualified individuals with a disability may request an accommodation in the application process and/or during the interview under the provisions of the Americans with Disabilities Act (ADA) by contacting ADA Coordinator in the Human Resources Office at 860-297-5700. Please provide a description of your specific needs.

VOLUNTARY

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

A. SEX: Female Male

B. RACE/ETHNIC DATA:

- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, Philippine Islands and Samoa.
- BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the black racial groups of Africa
- HISPANIC:** Persons of Mexican, Puerto Rican, 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.