

Windham Tech High School  
210 Birch Street, Willimantic, CT 06226  
860-456-3879, x459  
[angela.marsh@cttech.org](mailto:angela.marsh@cttech.org)

**Substitute Applicants:**

Thank you for your interest in becoming a substitute with the Connecticut Technical Education and Career System, specifically Windham Tech.

Please find attached, the forms and requirements for substitute teachers.

**Once complete, return forms to Angela Marsh in the Windham Tech Main Office.**

- CTECS Application for Employment
- National Child Protection Act / Volunteers For Children Act Waiver and Consent Form
- FBI Privacy Act Statement
- Noncriminal Justice Applicant's Privacy Rights
- Professional Employment Application addendum
- DCF Form
- Educational Employer Verification Form (EEV)
- Copy of BA/BS Degree, if applicable
- Proof of COVID vaccination or exemption documentation
- **Fingerprints** – see detailed instructions enclosed.
  - **Service Code:** 04f3-47D6
  - **Once complete**, send the Applicant Tracking Code to Angela Marsh

We look forward seeing you soon. **Please contact me with further questions.**

Angela Marsh  
Windham Tech, Office Assistant



## Application for Employment

**Instructions to Applicant:** Read the detailed instructions on the first page of this application and on the position/job posting before completing this application form. Type or print answers to ALL questions.

### SECTION 1: Personal and Contact Information

\_\_\_\_\_  
(Last Name) (First Name) (MI)

\_\_\_\_\_  
(Address Number, Street, Apt.) (City, State, Zip)

List other names you have used: \_\_\_\_\_

\_\_\_\_\_  
(E-mail Address)

\_\_\_\_\_  
(Primary Phone) OK to leave message? ☐ Yes ☐ No

\_\_\_\_\_  
(Alternate Phone ) (Extension) OK to leave message? ☐ Yes ☐ No

### SECTION 2: State Position/Job Posting

Job Title: \_\_\_\_\_ Job Posting Number: \_\_\_\_\_

Location: \_\_\_\_\_

### SECTION 3: Applicant Certification

**SIGNATURE REQUIRED:** 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 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: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature is required in order for your application to be considered)

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

**SECTION 4: Employment Preferences and Language Fluency**

You are required to select one of the following: ☐ I am a current State of CT employee  
☐ I am a former State of CT employee  
☐ I have never been a State of CT employee

If you are and/or were a State of CT employee, please enter your 6 digit employee ID number: \_\_\_\_\_

Name of current agency and/or last agency employed: \_\_\_\_\_

Are you lawfully permitted to work in the United States? ☐ Yes ☐ No

In which locations will you accept employment:



- |  |   |
|--|---|
| <input type="checkbox"/> All Locations             | <input type="checkbox"/> Manchester-Howell Cheney     |
| <input type="checkbox"/> Ansonia-Emmett O'Brien    | <input type="checkbox"/> Meriden-H.C. Wilcox          |
| <input type="checkbox"/> Bridgeport-Bullard Havens | <input type="checkbox"/> Middletown-Vinal             |
| <input type="checkbox"/> Bristol-Bristol T.E.C.    | <input type="checkbox"/> Milford-Platt                |
| <input type="checkbox"/> Danbury-Henry Abbott      | <input type="checkbox"/> New Britain-E.C. Goodwin     |
| <input type="checkbox"/> Danielson-H.H. Ellis      | <input type="checkbox"/> Norwich-Norwich              |
| <input type="checkbox"/> Groton-E.T. Grasso        | <input type="checkbox"/> Stamford-J.M. Wright         |
| <input type="checkbox"/> Hamden-Eli Whitney        | <input type="checkbox"/> Stratford-Stratford Aviation |
| <input type="checkbox"/> Hartford-A.I. Prince      | <input type="checkbox"/> Torrington-Oliver Wolcott    |
| <input type="checkbox"/> Hartford-CT Aero Tech     | <input type="checkbox"/> Waterbury-W.F. Kaynor        |
|  | <input type="checkbox"/> Willimantic-Windham          |

Are you available for? Check all that are applicable:

- |                                    |                                     |                                     |                                   |
|------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Durational | <input type="checkbox"/> Seasonal   | <input type="checkbox"/> Per Diem |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary  | <input type="checkbox"/> Internship |                                   |

Available for shift preferences? Check all that are applicable:

- |                                |                                 |                                   |
|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> First | <input type="checkbox"/> Second | <input type="checkbox"/> Weekends |
|--------------------------------|---------------------------------|-----------------------------------|

Are you fluent in a language other than English? If required for the job for which you are applying:

\_\_\_\_\_

**SECTION 5: Education and Training**

In order to receive educational credits toward qualification for the job posting, the institution must be accredited.

If the institution of higher learning is located outside of the United States, you are responsible for providing documentation from a recognized USA accrediting service which specializes in determining foreign education equivalencies. The responsibility for and the costs associated with obtaining this equivalency information rest with the applicant. If applicable, please email the document to the Recruiter listed in the job opening.

High School Education

Did you graduate from high school or receive a high school equivalency diploma (GED)?

☐ Yes ☐ No

College and Graduate School Education

1. \_\_\_\_\_ (Name of School) \_\_\_\_\_ (Street Address, City, State and Zip)

Attended From: \_\_\_\_\_ (MM/YYYY) Attended To: \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_ (Major and/or Minor)

Degree Earned: ☐ Yes ☐ No ☐ Attending # of Credits Earned: \_\_\_\_\_

Degree Type: ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐ Law ☐ None

2. \_\_\_\_\_ (Name of School) \_\_\_\_\_ (Street Address, City, State and Zip)

Attended From: \_\_\_\_\_ (MM/YYYY) Attended To: \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_ (Major and/or Minor)

Degree Earned: ☐ Yes ☐ No ☐ Attending # of Credits Earned: \_\_\_\_\_

Degree Type: ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐ Law ☐ None

3. \_\_\_\_\_ (Name of School) \_\_\_\_\_ (Street Address, City, State, and Zip)

Attended From: \_\_\_\_\_ (MM/YYYY) Attended To: \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_ (Major and/or Minor)

Degree Earned: ☐ Yes ☐ No ☐ Attending # of Credits Earned: \_\_\_\_\_

Degree Type: ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐ Law ☐ None

**Attach additional sheets (labeled with "Section 5 – continued" and include your name in upper right corner) if you attended more than three (3) colleges/universities.**

**SECTION 5: Education and Training (continued)**Specialized Training or Classes Relevant to Job

1. \_\_\_\_\_  
(Name of School Attended) (City, State, Country)

Attended From: \_\_\_\_\_ Attended To: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY) (Type of degree or certificate earned)

2. \_\_\_\_\_  
(Name of School Attended) (City, State, Country)

Attended From: \_\_\_\_\_ Attended To: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY) (Type of degree or certificate earned)

**SECTION 6: Licenses and Professional Certificates**

Enter the required trade and professional licenses, certificates, or permits you possess applicable for this job. (e.g. law, nursing, psychology, plumbing, teaching, coaching, educational etc.)

1. Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

2. Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

3. Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

4. Type: \_\_\_\_\_ Number: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

5. Do you currently have a valid Motor Vehicle Driver's License (Class D)? ☐ Yes ☐ No

List any endorsement(s) to your Class D license: \_\_\_\_\_

6. Do you currently have a valid Commercial Driver's License (CDL)? ☐ Yes ☐ No

CDL Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION 7: Work Experience/Employment History****Important Instructions**

- Please list **beginning with your most recent** position, all of your work experience including military service and all volunteer activities that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the opening.
- Please do not submit a resume in lieu of completing this portion of the application.
- Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.
- Failure to provide all of the REQUIRED information for each position may result in your application being disapproved.
- Although a resume may be attached, only jobs included in this section of the application form will be considered when determining if you meet the required minimum qualifications for the position for which you are applying.
- Please make sure to list each position held, even with the same employer.
- If you need additional space for the descriptions of your duties for one or more positions, attach an 8 1/2" x 11" sheet with your name and continue the descriptions of your duties, using the number sequence to identify which positions the duties belong to.

**JOB 1** \_\_\_\_\_  
 (Most Recent Job Title)

 Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 (MM/YY) (MM/YY or Present)

 \_\_\_\_\_  
 (Employer's Name)

 \_\_\_\_\_  
 (Employer's Address)

 \_\_\_\_\_  
 (Supervisor's Name)

 \_\_\_\_\_  
 (Supervisor's Title)

 \_\_\_\_\_  
 (Supervisor's Phone)

 \_\_\_\_\_  
 (Weekly Hours) ☐ Yes ☐ No  
 Supervise Others

 \_\_\_\_\_  
 (Number and Titles)

☐ Yes ☐ No  
 May We Contact Employer

Reason for Leaving: \_\_\_\_\_

**Job Duties**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION 7: Work Experience/Employment History (continued)****JOB 2** \_\_\_\_\_  
(Job Title) Dates: From \_\_\_\_\_ (MM/YY) To \_\_\_\_\_ (MM/YY)\_\_\_\_\_  
(Employer's Name) (Employer's Address)\_\_\_\_\_  
(Supervisor's Name) (Supervisor's Title) (Supervisor's Phone)(Weekly Hours) ☐ Yes ☐ No  
Supervise Others (Number and Titles) ☐ Yes ☐ No  
May We Contact Employer

Reason for Leaving: \_\_\_\_\_

**Job Duties****JOB 3** \_\_\_\_\_  
(Job Title) Dates: From \_\_\_\_\_ (MM/YY) To \_\_\_\_\_ (MM/YY)\_\_\_\_\_  
(Employer's Name) (Employer's Address)\_\_\_\_\_  
(Supervisor's Name) (Supervisor's Title) (Supervisor's Phone)(Weekly Hours) ☐ Yes ☐ No  
Supervise Others (Number and Titles) ☐ Yes ☐ No  
May We Contact Employer

Reason for Leaving: \_\_\_\_\_

**Job Duties**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**SECTION 7: Work Experience/Employment History (continued)****JOB 4** \_\_\_\_\_

(Job Title)

Dates: From \_\_\_\_\_

(MM/YY)

To \_\_\_\_\_

(MM/YY)

\_\_\_\_\_  
(Employer's Name)\_\_\_\_\_  
(Employer's Address)\_\_\_\_\_  
(Supervisor's Name)\_\_\_\_\_  
(Supervisor's Title)\_\_\_\_\_  
(Supervisor's Phone)

(Weekly Hours)

☐

Yes

☐

No

Supervise Others

(Number and Titles)

☐

Yes

☐

No

May We Contact Employer

Reason for Leaving: \_\_\_\_\_

**Job Duties****JOB 5** \_\_\_\_\_

(Job Title)

Dates: From \_\_\_\_\_

(MM/YY)

To \_\_\_\_\_

(MM/YY)

\_\_\_\_\_  
(Employer's Name)\_\_\_\_\_  
(Employer's Address)\_\_\_\_\_  
(Supervisor's Name)\_\_\_\_\_  
(Supervisor's Title)\_\_\_\_\_  
(Supervisor's Phone)

(Weekly Hours)

☐

Yes

☐

No

Supervise Others

(Number and Titles)

☐

Yes

☐

No

May We Contact Employer

Reason for Leaving: \_\_\_\_\_

**Job Duties**



**SECTION 8: Voluntary Equal Employment Opportunity Information**

To further its commitment to equal opportunity employment and meet State and Federal reporting requirements, the State of Connecticut requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel and will not be considered in the evaluation of your application.

**A. GENDER**

- ☐ Female
- ☐ Male
- ☐ Decline to State

**B. ETHNICITY**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Decline to State

**C. RACE**

Please select from one of the following

- ☐ **American Indian or Alaskan Native:** Origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment
- ☐ **Asian:** Origins in any of the original peoples of the Far East, Southeast Asia the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- ☐ **Black/African American (Non Hispanic):** Persons having origins in any of the black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander:** Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **WHITE (Non Hispanic):** Origins in any of the original peoples of Europe, the Middle East, or North Africa
- ☐ **Two or more races**
- ☐ **Decline to State**

<b>I, (Applicant Name):</b> _____ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the <i>me</i> central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other: _____					<b>(This area for DCF Use only)</b> <b>Date Processed:</b> _____ <b>Central Registry:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Processor's Initials:</b> _____						
<b>Name of Agency (requesting background check):</b> Department of Education-CTECS				<b>Attention:</b> Ellen L. Morris							
<b>Address: (No. and Street):</b> 39 Woodland Street				<b>City:</b> Hartford		<b>State:</b> CT.		<b>Zip:</b> 06105			
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.											
<b>Applicant Last Name</b>		<b>Applicant First Name:</b>		<b>Middle:</b>		<b>DOB:</b>		<b>SS:</b>			
<b>Applicant Address: (No. and Street):</b>		<b>Apartment #:</b>	<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Years at current address?"</b> Years      Months		
<b>List All Previous Applicant Address(es) for the Last Five Years</b> <input type="checkbox"/> Check if an additional sheet is necessary, and attached											
<b>Address: (No. and Street):</b>		<b>Apartment #:</b>	<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Dates From:</b> Month      Year <b>Dates To:</b> Month      Year		
<b>Other Names I have Used – Including Maiden, Previous Marriages(s)</b> <input type="checkbox"/> Check if an additional sheet is necessary and attached											
<b>Last Name</b>		<b>First Name:</b>		<b>Middle:</b>		<b>DOB:</b>		<b>SS:</b>			
<b>Name of Spouses/Other Adults in the Home – Past and Present</b> <input type="checkbox"/> Check if an additional sheet is necessary and attached											
<b>Last Name</b>		<b>First Name:</b>		<b>Middle:</b>		<b>DOB:</b>		<b>Signature (if still in the home)</b>		<b>Date:</b>	
<b>Names of ALL Child(ren) – Biological, Stepchildren, Including Adult Children In or Out of the Home</b> <input type="checkbox"/> Check if an additional sheet is necessary and attached											
<b>Last Name</b>		<b>First Name:</b>		<b>Middle:</b>		<b>DOB:</b>		<b>Gender:</b>			
								Select One or Enter your own			
								Select One or Enter your own			
								Select One or Enter your own			
								Select One or Enter your own			
<b>Do you have an active DCF investigation at this time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you have an active appeal of a DCF investigation at this time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Applicant Signature:</b> _____								<b>Date:</b> _____			
This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. **DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF.											
<b>How To Submit:</b> Email: <a href="mailto:DCF.BackgroundCheck@ct.gov">DCF.BackgroundCheck@ct.gov</a>   Fax: 860-560-7071   Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106											
Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.											

**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	Connecticut Technical Education and Career System
Street address of prospective employer	39 Woodland Street
City, State, Zip Code	Hartford, CT. 06105
Contact person	Ellen L. Morris
Telephone number/email address	Ellen.Morris@ct.gov

**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).



## Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If you need additional information or assistance, please contact:

<b>Connecticut Records:</b> <b>Department of Emergency Services and Public Protection</b> <b>State Police Bureau of Identification (SPBI)</b> <b>1111 Country Club Road</b> <b>Middletown, CT 06457</b> <b>860-685-8480</b>	<b>Out-of-State Records:</b> <b>Agency of Record</b> <b>OR</b> <b>FBI CJIS Division-Summary Request</b> <b>1000 Custer Hollow Road</b> <b>Clarksburg, West Virginia 26306</b>
--	--

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

# FBI Privacy Act Statement

*This privacy act statement is located on the back of the **FD-258 fingerprint card**.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**Division of State Police**

**National Child Protection Act/Volunteers for Children Act**  
**Waiver and Consent Form**

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children (persons less than 18 years old), the elderly (persons 60 years of age or older), or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Governmental Qualified Entity (QE)**. QEs provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

**Requesting QE Information:**

QE Name	
QE Address	
QE Telephone Number	

I am a current or prospective (check one): \_\_\_ Employee \_\_\_ Volunteer \_\_\_ Contractor/Vendor \_\_\_ Owner/Operator

I have been convicted of or pled guilty to a crime. \_\_\_ No \_\_\_ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Connecticut State Police Bureau of Identification (SPBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the SPBI and the FBI;
- I can receive a state criminal history record from the SPBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The QE may choose to deny me unsupervised access to persons to whom the QE provides care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this Waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

\*Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*as it appears on a valid identification document issued by a governmental agency

**NOTE: The original waiver must be retained by the QE for at least one year of fingerprint submission date. A copy of the waiver must be sent to the State Police Bureau of Identification, Criminal Records Units, at 1111 Country Club Road, Middletown, CT 06547.**

## PROFESSIONAL EMPLOYMENT APPLICATION ADDENDUM

Connecticut Technical High School System

39 Woodland Street, Hartford, CT 06105

Attn: Ellen Morris

Fax: (860) 807-2196 - Web: [www.cttech.org](http://www.cttech.org)

Thank for your application to the Connecticut State Department of Education, Connecticut Technical High School System. Our school system is a statewide school system of high schools offering strong instruction in academics and a wide variety of trade technologies.

**You have been deemed a qualified candidate. This addendum to your original application is meant to secure additional information from you as a qualified candidate.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Home) (Cell)

Position Applied For: \_\_\_\_\_ Subject: \_\_\_\_\_

Coach: \_\_\_\_\_ Sport: \_\_\_\_\_

### CERTIFICATION LICENSE INFORMATION

Do you currently hold an active teaching or administrator endorsement in Connecticut? ☐ Yes ☐ No

List Teaching/Administrator endorsements and expiration dates:

Subject/Endorsement #	Expires	Subject/Endorsement #	Expires

If you are not certified, list the CT endorsements for which you are eligible: \_\_\_\_\_

List other states in which you are currently certified to teach: \_\_\_\_\_

List other states in which you are currently certified as administrator: \_\_\_\_\_

Do you have tenured status in Connecticut under C.G. S. Sec. 10-151? ☐ Yes ☐ No

District in which you achieved tenure: \_\_\_\_\_

Do you hold a current Connecticut Coaching Permit? ☐ Yes ☐ No



If you answer yes to questions 2, 3, OR 4, **explain on a separate sheet of paper and attach it to this application.** Provide information concerning the jurisdiction of the conviction, pending charges, date, nature of conviction or charges or circumstances of dismissal.

1. Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
2. Have you ever been convicted of a felony or any other criminal offense, either within or outside of the State of Connecticut? ☐ Yes ☐ No
3. Are any criminal charges currently pending against you, either within or outside of the State of Connecticut? ☐ Yes ☐ No
4. Have you ever been dismissed or discharged from a position? ☐ Yes ☐ No

**SPECIAL NOTE:** You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with services needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), 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 (C.G.S. § 54-142a).

**Please check the all the school locations where you would consider working:**

<u>Name of School</u>	<u>Location</u>
<input type="checkbox"/> Emmett O'Brien	Ansonia
<input type="checkbox"/> Bullard Havens	Bridgeport
<input type="checkbox"/> Bristol T.E.C.	Bristol
<input type="checkbox"/> Henry Abbott	Danbury
<input type="checkbox"/> H.H. Ellis	Danielson
<input type="checkbox"/> Ella T. Grasso	Groton
<input type="checkbox"/> Eli Whitney	Hamden
<input type="checkbox"/> A.I. Prince	Hartford
<input type="checkbox"/> Aviation Tech	Hartford
<input type="checkbox"/> Howell Cheney	Manchester
<input type="checkbox"/> Stratford-Aviation	Stratford
<input type="checkbox"/> H.C. Wilcox	Meriden
<input type="checkbox"/> Vinal	Middletown
<input type="checkbox"/> Platt	Milford
<input type="checkbox"/> E.C. Goodwin	New Britain
<input type="checkbox"/> Norwich	Norwich
<input type="checkbox"/> Oliver Wolcott	Torrington
<input type="checkbox"/> W.F. Kaynor	Waterbury
<input type="checkbox"/> Windham	Willimantic
<input type="checkbox"/> Wright	Stamford

#### School Locator



If you are currently receiving pension benefits from either the Teacher Retirement System or the State Employees Retirement System, there are limits to the number of hours that you may work without jeopardizing your pension. If you become an employee, you must advise us that you are a retiree. However, it is your responsibility to ensure that you do not exceed the allowable number of hours.

Are you related to any current employee of the Connecticut Department of Education or Connecticut Technical High School System (this includes related by marriage)? ☐ Yes ☐ No

If so, list names(s): \_\_\_\_\_

School(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

The State of Connecticut Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons and equal access to Boy Scouts of America and other designated youth groups. The Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, disability (including, but not limited to, developmental disability, past or present history of mental disability, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding Connecticut Technical High School System's nondiscrimination policies and practices should be directed to:

Levy Gillespie  
Equal Employment Opportunity Director  
State of Connecticut Department of Education  
450 Columbus Boulevard  
Hartford, CT 06103  
(860) 807-2071  
(Equal Employment Opportunity  
Director/American with Disabilities Act  
Coordinator)

Christine Spak  
Education Consultant  
Connecticut Technical High School System  
39 Woodland Street  
Hartford, CT 06105  
(860) 807-2212  
(Coordinator for matters related to Title IX of  
the Education Amendments of 1972 and  
Section 504 of the Rehabilitation Act of 1973)

U.S. Department of Education  
Office for Civil Rights  
5 Post Office Square, Suite 900  
Boston, Massachusetts 02109-3921;  
(617) 289-0111  
Fax number (617) 289-0150  
TTY/TDD (877) 521-2172  
(matters related to race, color, national origin,  
age, sex and/or disability).

I understand that if I am employed by the Connecticut Technical High School System I will be required to submit to a state and national criminal history records check within 30 days of my employment, and I will be required to submit to fingerprinting, **at my expense**, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. If my position requires me to obtain and maintain a Commercial Driver's License (CDL), I understand that it will require periodic drug and alcohol screening in accordance with federal regulations.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies and academic institutions to supply any information regarding my background to the Connecticut Technical High School System and to its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies and academic institutions, their agents and employees from liability arising from the supplying and use of such information.

I hereby certify that all of the information stated herein is accurate, complete and true to the best of my belief. I understand and agree that a false or dishonest answer to any question or the omission of pertinent information may be grounds for immediate termination of my employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Employee Data Form

Revised 08/22/2019

Connecticut State Department of Education  
Bureau of Human Resources & Payroll  
450 Columbus Boulevard, Suite 403  
Hartford, CT 06103

## INSTRUCTIONS:

- Please type or print clearly and check all boxes that apply
- Central Office employees should submit completed form to Human Resources
- Technical High School employees should forward completed form to the School Business Office
- Submit to Payroll via interoffice mail or fax (860-713-7012) and to BHR Recruitment Rep email or fax (860-713-7011)

Last Name		First Name		MI	Suffix (Jr.)
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Highest Education Level <input type="checkbox"/> 2-year College Degree <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate (EdD)	<input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Post-Doctorate
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced	Date of Marriage	Are you fluent in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language(s):	
Social Security Number:		Race <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or More			
Military Status <input type="checkbox"/> Both Vet <input type="checkbox"/> Reserve <input type="checkbox"/> War Service <input type="checkbox"/> Military <input type="checkbox"/> Service Medal		Service Begin Date		Service End Date	Military Discharge Date
Residence Address (No. and Street)		(Apt. No.)	City	State	Zip Code
Mailing Address (No. and Street), if different from above		(Apt. No.)	City	State	Zip Code
Home Phone		Cell Phone		Home E-Mail Address	
Have you worked for the State of Connecticut before? Including student work at community colleges and/or state universities. <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of last agency worked		Separation Date	
Are you a retired Connecticut Teachers' Retirement System (TRS) member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, there are limitations on the amount of income you can earn in a Connecticut public school teaching position.					
Are you a retired Connecticut State Employees' Retirement System (SERS) member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, there are limitations on the number of days in a calendar year you may work and the number of calendar years.					
Do you have teaching experience outside of Connecticut public schools? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, years of experience	
Emergency Contact Name		Relationship to Employee		Contact Phone	Secondary Phone
I hereby certify that all of the information stated herein is accurate, complete and true to the best of my belief. I understand and agree that a false or dishonest answer to any question or the omission of pertinent information may be grounds for immediate termination of my employment.					
Employee Signature (A typed name will substitute for a handwritten signature)			Date	Educator ID (if applicable)	

To be completed by Technical High School Business Office for CTECS or HR Recruitment Liaison for Central Office

Position Number	Date of Hire	Annual Salary	Work Location	Employee ID
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