

**STATE OF CONNECTICUT
BOARD OF REGENTS FOR HIGHER EDUCATION
CONNECTICUT STATE COLLEGES & UNIVERSITIES**

EMPLOYMENT APPLICATION

The Board of Regents for Higher Education is an affirmative action/equal opportunity employer for all qualified persons. It is the policy of the Board and its constituents that applicants for employment shall not be discriminated against on the basis of their race, color, religious creed, age, sex, marital status, civil union status, national origin or ancestry, sexual orientation, transgender status, gender identity or expression, genetic information, present or past history of mental disability, intellectual disability, learning disability or physical disability, veteran status, political beliefs, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Board does not unlawfully discriminate in employment and licensing against qualified persons with prior criminal conviction.

INSTRUCTIONS TO APPLICANTS: Please complete the application in its entirety, including personal information, educational background, employment, salary history, references and certification.

PLEASE TYPE OR PRINT

NAME _____
Last
First
Middle

ADDRESS _____
Street
City
State
Zip Code

TELEPHONE () _____ () _____ EMAIL ADDRESS _____
Home
Cell

COLLEGE TO WHICH YOU ARE APPLYING _____
Northwestern Connecticut Community College

POSITION FOR WHICH YOU ARE APPLYING _____
 Full-time
 Part-time Either

EDUCATIONAL BACKGROUND

It is the policy of the Board to recognize only those degrees granted by regionally accredited institutions of learning. If the institution of higher learning is located outside 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 costs associated with obtaining equivalency information rests with the applicant.

Dates (From-To)	Institution	Location (City, State)	Degree Awarded (e.g. BA., MBA)	Major/Area of Concentration

Please list any license or professional designation (e.g. P.E., C.P.A.) _____

EMPLOYMENT IN EDUCATION

(List in reverse chronological order beginning with your current/last position)

Dates (From - To)	Institution & Location	Rank or Position	Annual Salary	Reason for Leaving

EMPLOYMENT OTHER THAN IN EDUCATION

(List in reverse chronological order beginning with your current/last position)

Dates (From – To)	Organization & Location	Position	Annual Salary	Reason for Leaving

HAVE YOU BEEN INVOLUNTARILY SEPARATED FROM EMPLOYMENT WITHIN THE LAST TEN YEARS?

YES NO Involuntary separation includes dismissal for cause, layoff, reorganization, elimination of position or any other involuntary discontinuation of employment. If yes, please explain fully (attach sheet if necessary) _____

SUPERVISORY/PROFESSIONAL REFERENCES

Please list three persons who are not related to you and who have knowledge of your professional qualifications and fitness for the position for which you are applying. Include your immediate supervisor at your present and prior places of employment. It is the policy of the Board to contact references for candidates who are finalists.

Name	Title / Occupation	Address/Email Address	Telephone

THIS SECTION TO BE COMPLETED ONLY BY CANDIDATES SEEKING PART-TIME TEACHING EMPLOYMENT

SUBJECT AREAS WHICH YOU ARE QUALIFIED TO TEACH: (If you do not have a Master's degree in a discipline which you consider yourself qualified to teach, please indicate the experience which qualifies you to teach in that discipline.)

AVAILABILITY: Days After 5 p.m. Weekends

CERTIFICATION and SIGNATURE of APPLICANT

I hereby certify that the information provided on both sides of this application and all information provided throughout the pre-employment process is accurate, complete and true. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I agree to have official transcripts of all of my undergraduate and graduate studies submitted when requested by the employer and hereby authorize the Board of Regents and its agents to contact references and former employers relative to my application for employment. Finally, I understand that employment, if offered, is contingent upon proof of citizenship or employability under the requirements of the Immigration Reform Control Act (IRCA).

Applicant Signature _____ Date _____

**SUPPLEMENTAL INFORMATION REQUEST FORM
FOR AFFIRMATIVE ACTION PURPOSES**

Name of Applicant: _____

Position Applying For: _____

The Board of Regents for Higher Education is subject to federal and state laws and regulations regarding equal employment opportunity and affirmative action which makes the keeping of records regarding the race, gender, handicapped and veteran status of employment applicants a necessity. Additionally, upon selection of the final candidate, the identification of a handicap will assist in facilitating any necessary accommodation. Moreover, the Board of Regents for Higher Education is committed to avoiding the use of unintentional barriers to equal employment opportunity, and keeping of such statistics aids in this regard. Also, the information on how you became aware of this position helps to identify those recruitment sources that were effective and assists with future recruitment activity. Therefore, it is requested that you provide the information requested below and return this form with your employment application.

This information will not be used to exclude you at any stage of the search and selection process. The information will be used to comply with requirements established in the regulations of the Connecticut Commission on Human Rights and Opportunities. If you have any questions regarding this data collection activity, please feel free to contact our Equal Employment Opportunity Officer at (860) 738-6325.

PLEASE CHECK THE APPROPRIATE DESIGNATION FOR EACH CATEGORY:

Gender: Female Male

Race: **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community attachment.

Asian/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, the Philippine Islands, and Samoa.

Black or African American: Persons having origins in any of the black racial groups of Africa

Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other: Handicapped Vietnam Era Veteran

PLEASE INDICATE HOW YOU BECAME AWARE OF THIS POSITION:

College Website

Department of Administrative Services (DAS) Website

Other Website (please specify): _____

Newspaper, Professional Journal, Radio or TV Advertisement

 Please Specify: _____

Employment Bulletin Board

Referral from a current employee

Other: _____