

**Hampton Board of Education  
 Hampton Elementary School  
 380 Main Street  
 Hampton, Connecticut 06247  
 (860) 455-9409**



**APPLICATION FOR EMPLOYMENT**

Hampton is committed to excellence for all, and as such, we encourage applications from all people, including women, members of ethnic and racial minorities and protected classes, veterans and persons with disabilities.

**EMPLOYMENT APPLICATION PROCEDURE**

1. Complete all applicable sections of the application.
2. Type or print in ink all requested information.
3. Sign and date the application.
4. Attach a resume
5. Submit all materials to:  
 Hampton Elementary School  
 380 Main Street  
 Hampton, CT 06247

<b>PERSONAL INFORMATION</b>		
Last Name:	First Name:	Middle Initial:
Preferred Prefix: <input type="checkbox"/> None <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Street Address:		
Town or City	State	Zip
Home Telephone Number (w/area code):	Work or Alternate Phone Number (w/area code):	
E-mail address:		

*In accordance with their policies, Hampton Board of Education does not discriminate on the basis of race, color, religion, sex, handicap, or national origin in any of its educational programs, activities, or employment.*

**EMPLOYMENT DESIRED**

Position applying for:

**EDUCATION**

Certificates and Diplomas:	Name of Institution	Year Awarded/Major
<input type="checkbox"/> High School <input type="checkbox"/> Associates Degree		
Bachelor's Degree:		
Master's Degree:		
Doctorate:		
Other Degrees/Graduate Work:		

**PREVIOUS RELATIONSHIP WITH SUPERINTENDENT OR ANY BOARD MEMBER**

Please disclose any previous relationship with the Superintendent or any Board of Education member. Previous relationships will include any business, financial, personal, political or family connections. This will also include school relationships such as knowing the individual in high school, college or graduate school. The Superintendent shall provide the Board with full disclosure of any prior knowledge or relationship with any candidate recommended for employment.

**REFERENCES**

Please list three individuals other than relatives, who can provide information concerning your work ability.

Name:	
Address:	
Telephone:	Occupation:
Name:	
Address:	
Telephone:	Occupation:
Name:	
Address:	
Telephone:	Occupation:

**EMPLOYMENT EXPERIENCE**

Current or most recently held position must be listed first. It is important to complete each section below.

Current Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		

**MILITARY SERVICE**

Branch	Rank	Dates of Service
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<b>ADDITIONAL INFORMATION</b>
Summarize special job-related skills, qualifications, or training required
Personal Computer Use <input type="checkbox"/> IBM <input type="checkbox"/> Apple Macintosh
Software Applications
Special Skills
Machinery/Equipment Operated
Occupational Licenses or Certificates Held

<b>VOLUNTARY INFORMATION:</b> <i>The information is requested on a voluntary basis, and will be used solely in connection with Affirmative Action obligations and reporting requirements. Refusal to provide this information will not subject the applicant to any adverse treatment. All information regarding a disability in accordance with the ADA (Americans with Disabilities Act) will be kept confidential.</i>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American
Person with disability	<input type="checkbox"/> Yes <input type="checkbox"/> No      Type

<b>APPLICANT'S STATEMENT: PLEASE SIGN</b>
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or rescission of an offer of employment. I understand, also, that I am required to abide by all rules and regulations of the Board of Education that may employ me.
Signature of Applicant: _____ Date: _____

This application will be kept in the Office of the Superintendent for one (1) year from the initial date of application.

**If employment is offered and accepted, you will be required to submit documentation to establish your identity and verification of your legal right to work in the United States prior to the commencement of employment. CT Law Requires Public School Employees to submit to a local and federal criminal history check within 30 days of their date of hire.**

**Addendum to Employment Applications**

**Public Act 93-328, An Act Concerning Applicants for School Employee Position**

The Hampton Board of Education has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet these requirements, pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any other name? If yes, please list the name(s) below.  
 Yes       No
  
2. Have you ever been convicted of a crime, either within or outside the State of Connecticut?  
 Yes       No      If yes, identify the approximate location and nature of each such conviction on a separate piece of paper and attach to this form.
  
3. Are any criminal charges currently pending against you, either within or outside of the State of Connecticut?  
 Yes       No      If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Hampton Board of Education, I will be required to submit to a state and national criminal history records check. I understand that within a period of 30 days from my date of hire that I will be required to submit to fingerprinting, at my own expense, and that my fingerprints will be forwarded to the Connecticut State Police and the Federal Bureau of Investigations to complete said criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Hampton Board of Education, the Board of Education may immediately terminate my employment in accordance with the provisions of Public Act 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers to supply any information regarding my background to the Hampton Board of Education and to its agents and employees, and I hereby release all such current and former employers and all law enforcement agencies from any liability arising from the supplying and use of such information.

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in consideration of my application for employment. I understand that any omissions, false statements made on this addendum or failure to comply with the requirements stated above will be sufficient grounds for failure to employ, or termination of my employment with the Board of Education.

\_\_\_\_\_  
Name (Printed)

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

Date \_\_\_\_\_