

**APPLICATION FOR EMPLOYMENT – CERTIFIED POSITIONS**

**NOTE:** All sections must be completed in order for this application to be considered. Please print clearly in ink or type and return this form to the Superintendent's Office at the above address with your resume packet. Incomplete applications will be rejected.

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Name: (Last) (First) (Middle Initial)

\_\_\_\_\_  
Address: (Number, Street, City, State, Zip Code)

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
E-Mail Address

**POSITION(S) FOR WHICH YOU ARE APPLYING (please check):**

Teacher \*(Subject: i.e. classroom, music, etc. \_\_\_\_\_)  Administrator\*

*\*Requires a valid license or certification issued by the State of Connecticut, please attach a copy to this application*

**EMPLOYMENT HISTORY: Please complete information concerning your employment history, starting with the most recent employer.**

Employer	Address	Position Held	Dates of Employment

**AVAILABILITY OF APPLICANT:**

Date available to begin employment: \_\_\_\_\_

**EDUCATION:**

Name of High School or College	State	Date(s) Attended	Area of Study	List Diploma, Degree or Certification Obtained

Ashford Board of Education  
440 Westford Rd. Ashford, CT 06278

**REFERENCES: Please provide the name and contact information for three references who are not related to you or a member of your family.**

Name	Address	Phone Number

Connecticut Public Act 16-67 requires all applicants for employment by a local or regional board of education to submit to a background check prior to an offer of permanent employment. The forms that follow must be completed and returned with this application. Employment by the Ashford Board of Education will be considered temporary in nature, pending the outcome of the background screening.

By signing below, I affirm that the information provided in this application is true and correct. I understand that if I knowingly provide false information or fail to disclose the information requested, I shall be subject to disciplinary action by the Ashford Board of Education that may include denial of employment.

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

\_\_\_\_\_  
Date

**APPLICANT BACKGROUND CHECK FORM – CERTIFIED  
("Form A-1")**

**Directions:** Each local or regional board of education, governing council of a state or local charter school, and interdistrict magnet school operator is required by Connecticut law to obtain the information requested in this form from any applicant who applies for a position of employment with such local or regional board of education, council, or operator, if the position for which the applicant is applying would cause the applicant to have direct student contact. No local or regional board of education, council, or operator may employ an applicant for a position involving direct student contact who does not provide the information requested in this form. Accordingly, please complete this form and return it to the Office of the Superintendent of Schools promptly so that your application may be processed.

**Section A -- Current and Former Employers**

**Directions:** Each local or regional board of education, governing council of a state or local charter school, and interdistrict magnet school operator is required by Connecticut law to conduct a review of your employment history with each of your current or former employers if: (a) such current or former employer was a local or regional board of education, governing council of a state or local charter school, or interdistrict magnet school operator, or (b) such employment otherwise caused you to have contact with children. Such review must be conducted using the State of Connecticut Educational Employer Verification Form ("Form A-2"), attached to this form.

Accordingly, please complete the table below (using an additional sheet of paper as needed), and then sign at the bottom of this section. For each employer listed in the table below, please complete Section 1 of Form A-2, using a separate Form A-2 for each employer. Please return the completed Form A-2(s) to the Office of the Superintendent of Schools promptly so that your application may be processed.

<u>Employer Name</u>	<u>Employer Address</u>	<u>Employer Telephone #</u>

*By signing below, I am affirming that the information provided above is true and correct. I understand that if I knowingly provide false information or knowingly fail to disclose the information requested herein, I shall be subject to discipline by the Ashford Board of Education that may include (1) denial of employment or (2) termination of my employment contract, in accordance with the provisions of Connecticut General Statutes Section 10-151.*

**Employee Signature:** \_\_\_\_\_

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

## Section B

**Directions:** Please review the information in this Section B, and then indicate your agreement with the information by signing below.

1. I hereby consent to and authorize disclosure of the following information, and release of related records, by the employers listed in Section A of this form (together the “Employers” and individually an “Employer”):
  - a. The dates of my employment with the Employer.
  - b. A statement as to whether the Employer has knowledge that I:
    - i. was the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation pending with any employer, state agency, or municipal police department, or which has been substantiated;
    - ii. was 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; or
    - iii. have ever had a professional or occupational license, certificate, authorization, or permit suspended or revoked, or have 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.
  - c. More information concerning any response made by any Employer to the request for information and records described in parts (a) and (b) of this Section B.1 of this form.
  
2. I hereby consent to and authorize disclosure of the following information, and release of related records, by the Department of Education (the “Department”):
  - a. Information concerning my eligibility status for employment.
  - b. A statement as to whether the Department has knowledge that a finding has been substantiated by the Department of Children and Families pursuant to Conn. Gen. Stat. § 17a-101g of abuse or neglect or of sexual misconduct against me, and any information concerning such a finding.
  - c. A statement as to whether the Department has received notification that I have been convicted of a crime or of criminal charges pending against me, and any information concerning such charges.

3. I hereby release the Employers and the Department from liability that may arise from the disclosure or release of records which I have authorized and to which I have consented in Sections B.1 and B.2 of this form.

**Employee Signature:** \_\_\_\_\_

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

### Section C

**Directions:** Please answer the questions below in their entirety, and then sign below. For purposes of these questions, the following definitions apply:

- “Sexual misconduct” means 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.
- “Abuse or neglect” means abuse or neglect as described in Conn. Gen. Stat. § 46b-120, and includes any violation of Conn. Gen. Stat. § 53a-70 (sexual assault in the first degree), § 53a-70a (aggravated sexual assault in the first degree), § 53a-71 (sexual assault in the second degree), § 53a-72a (sexual assault in the third degree), § 53a-72b (sexual assault in the third degree with a firearm), or § 53a-73a (sexual assault in the fourth degree).

Y N Have you ever been the subject of an abuse or neglect or sexual misconduct investigation by any  
  employer, state agency, or municipal police department (answer “no” if the investigation resulted in a finding that all allegations were unsubstantiated)?

Y N Have you ever been disciplined or asked to resign from employment or resigned from or  
  otherwise separated from any employment while an allegation of abuse or neglect was pending or under investigation by the Department of Children and Families (“DCF”), or an allegation of sexual misconduct was pending or under investigation or due to an allegation substantiated pursuant to Conn. Gen. Stat. § 17a-101g of abuse or neglect, or of sexual misconduct or a conviction for abuse or neglect or sexual misconduct?

Y N Have you ever had a professional or occupational license or certificate suspended or revoked, or  
  have you ever surrendered such a license or certificate while an allegation of abuse or neglect was pending or under investigation by DCF or an investigation of sexual misconduct was pending or under investigation, or due to an allegation substantiated by DCF of abuse or neglect or of sexual misconduct, or a conviction for abuse or neglect or sexual misconduct?

Y N Have you ever been convicted of a crime (answer “no” if you have been the subject of any arrest,  
  criminal charge, or conviction, the records of which have been erased)?

Y N

Are criminal charges pending against you?

Y N

Are you disqualified from employment with the Ashford Board of Education?

***By signing below, I am affirming that the information provided above is true and correct. I understand that if I knowingly provide false information or knowingly fail to disclose the information requested herein, I shall be subject to discipline by the Ashford Board of Education that may include (1) denial of employment or (2) termination of my employment contract, in accordance with the provisions of Connecticut General Statutes Section 10-151.***

**Employee Signature:** \_\_\_\_\_

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

*Ashford Board of Education  
440 Westford Rd.  
Ashford, CT 06278  
860-429-1927*

**ACKNOWLEDGEMENTS REGARDING OFFER OF EMPLOYMENT – CERTIFIED STAFF  
("Form A-3")**

**Please sign and return one copy of this form to the Office of the Superintendent. An additional copy is enclosed for your reference.**

1. I hereby acknowledge and confirm that my employment with the **Ashford Board of Education** is on a temporary basis for a period not to exceed ninety (90) days, pending a review by the **Ashford Board of Education** of (a) the information I provided in the attached Employee Background Form ("Form A-1"), and (b) information and records provided by the employers listed in Section A of Form A-1 and the Department of Education, the disclosure and release of which I have authorized and to which I have consented in Section B of Form A-1.
2. I understand and acknowledge that I must submit to a records check of the Department of Children and Families child abuse and neglect registry established pursuant to Conn. Gen. Stat. § 17a-101k before I may be hired by the **Ashford Board of Education**. I further understand and acknowledge that, if warranted by the results of this records check and any additional information I may provide in response to the results of such check, the **Ashford Board of Education** shall terminate my employment.
3. I understand and acknowledge that I must submit to state and national criminal history records checks within thirty (30) days from the date of my employment with the **Ashford Board of Education**. I further understand and acknowledge that decisions regarding the effect of a conviction on my further employment with the **Ashford Board of Education** will be made on a case-by-case basis. I further understand and acknowledge that if the **Ashford Board of Education** receives notice of a conviction of a crime which I have not previously disclosed to the **Ashford Board of Education**, the **Ashford Board of Education** may terminate my employment contract in accordance with the provisions of Conn. Gen. Stat. § 10-151.
4. I understand and acknowledge that if I knowingly provide false information or knowingly fail to disclose the information requested in Form A-1, I shall be subject to discipline by the **Ashford Board of Education** that may include (a) denial of employment or (b) termination of my employment contract in accordance with the provisions of Conn. Gen. Stat. § 10-151.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_