

Employment History

Please list all employment, including part-time employment. Begin with your most recent employer and work backward. If additional space is required, attach a sheet using the same format. Please also explain any gaps in employment. *Individuals applying for Attorney positions must also complete and attach the "Attorney Questionnaire" found on the Division of Public Defender Services web site. <http://www.ct.gov/ocpd> forms.*

Present or Most Recent Employer

Name of Employer: _____ Phone Number: _____

Address (Street, City, State): _____

Title of Position: _____ Supervisor Name and title: _____

Employed from (mo., yr.): _____ Employed to (mo., yr.): _____

Description of Duties: _____

Reason for Leaving: _____

Next Previous Employer

Name of Employer: _____ Phone Number: _____

Address: (Street, city, State) _____

Title of Position: _____ Supervisor Name and Title: _____

Employed from: (mo., yr.): _____ Employed to: (mo., yr.) _____

Description of Duties: _____

Reason for leaving: _____

Next Previous Employer

Name of Employer: _____ Phone Number: _____

Address: (Street, City, State) _____

Title of Position: _____ Supervisor Name and Title: _____

Employed from: (mo., yr.) _____ Employed to: (mo., yr.) _____

Description of Duties: _____

Reason for Leaving: _____

Military Service		
Branch Of Service	Rank/Position	Dates of Service

Prior State Service		
If you are or have worked for the State of Connecticut, please complete the following if not included in Employment History. State Employee ID# _____		
Job Title	Department/Agency	Employment Dates

Licenses and Professional Certifications			
Please list any licenses or certificates you hold which are valid and in good standing, including driver's licenses.			
Name or Description	Issued by	Date	Number

Specialized Training or Classes Relevant to Position	
If you obtained any specialized training or classes that are relevant to this position, please list. Please use additional sheet if needed	
Training/Class	Given By and Date of Attendance

Additional Information Reference Authorization
May we contact your present and past employers? ___Yes ___No (Please explain)
Voluntary: Are you fluent in a language other than English? Please indicate which language.

Certification/Authorization

I have answered all of the above questions to the best of my ability. I certify that I have made no misrepresentations or falsifications and that my answers are true, accurate, and complete and made in good faith. I understand and acknowledge that any omission, misrepresentation or falsification may be grounds to discontinue further consideration of my application, for termination of my employment at any time if I am hired and/or for such penalties as may be prescribed by law or regulation. I also understand that any application and appointment to a temporary position is no guarantee of appointment to a permanent position or future employment.

Signed (Applicant)

Date

Last Four (4) Digits of Social Security # _____