

APPLICATION FOR EMPLOYMENT – NON-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. 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):

- Paraprofessional
 Cafeteria
 Custodian
 Clerical/Office
 School Nurse*
 Bus Driver*
 Substitute: _____
(specify: teacher, para, custodian, etc.)

**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: _____

For substitute applicants, are you available to work full days? _____ half days? _____

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

The Board of Education will not make employment decisions (including decisions related to hiring, assignment, compensation, promotion, demotion, disciplinary action and termination) on the basis of race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability(including pregnancy), genetic information, or gender identity or expression, except in the case of a bona fide occupational qualification.

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. Forms A-1, A-2 and A-3 that follow this page 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

The Ashford Board of Education is an Equal Opportunity/Affirmative Action Employer

APPLICANT BACKGROUND CHECK FORM FOR NON-CERTIFIED STAFF
("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 at the above address 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 denial of employment.

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 release the Employers from liability that may arise from the disclosure or release of records which I have authorized and to which I have consented in Section B.1 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 denial of employment.

Employee Signature: _____

Date: _____

"Form A-2"

**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	
Street address of prospective employer	
City, State, Zip Code	
Contact person	
Telephone number/email address	

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).

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

ACKNOWLEDGEMENTS REGARDING OFFER OF EMPLOYMENT FOR

**NON- 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 _____

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

**ACKNOWLEDGEMENTS REGARDING OFFER OF EMPLOYMENT FOR
NON- 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 _____

Fingerprinting Service Information**EASTCONN Fingerprinting Services**

Contact the Human Resources Department, 860-455-1550
fingerprinting@eastconn.org

Human Resources Office hours: 8:30 a.m. – 4:00 p.m.

Frequently Asked Questions:**When can I be fingerprinted?**

Fingerprinting is done by appointment only. Appointments are available on Tuesdays and Thursdays. Please call 860-455-1550 to schedule an appointment.

What must I bring with me to my appointment?

- **Two forms of identification**, one of which must be a photo ID. Other IDs may be your license, social Security card, birth certificate, passport or student ID.
- **Payment:** \$48.00; Cash or Mastercard/Visa only.

Why do I need to be fingerprinted?

Connecticut law requires local school systems to have all new employees, including substitute teachers, fingerprinted for state and national criminal history checks.

I would like to apply to multiple schools. What is the process?

EASTCONN will fingerprint you and maintain your information in our Registry. We will send your information to the schools of your choice. You must then apply individually to the schools you wish to be employed with.

Can my fingerprint results be shared with other Regional Educational Service Centers (RESCs) or school districts?

YES. A written request must be submitted to the fingerprinting office that includes your name, address, Social Security #, school districts you wish us to notify and your signature.

I was fingerprinted for a single school district. Can my results be shared with other school districts?

No. School districts are not authorized to share with other districts.

I worked for a school district last year. I will be working in a new district this year. Do I need to be fingerprinted again?

Yes, within 30 days of your employment date.

I worked for one week at a school district and will be working again this year. Do I need to be fingerprinted again?

No. By working at least one day, you are considered a continuous employee for that district.

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 a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification³ by the Ashford Board of Education that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 job, license, or other benefit based on information in the criminal history record.⁴
- 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.⁵
- 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 <http://www.fbi.gov/about-us/cjis/background-checks>.
- 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 at the same address as provided above. 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.)
- If you need additional information or assistance, please contact:

<p style="text-align: center;">Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p style="text-align: center;">Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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³ Written notification includes electronic notification, but excludes oral notification.

⁴ See 28 CFR 50.12(b).

⁵ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).